



BAPTISM APPLICATION

Please print clearly; the information needed for the baptismal certificate is taken from this sheet.

Name of child _____
First Middle Last

Date of Birth _____ City & State of Birth _____

Home Address _____ Zip _____

Home Phone _____

Father's Name _____ Religion _____
First Last

Mother's Name _____ Religion _____
First Maiden

Church and Place of Marriage _____

Was the marriage witnessed by a Catholic Priest? _____

If not, was proper dispensation granted? _____

Was the child adopted? _____ (A special authorization is needed for Baptism of an adopted child)

Godparents: At least one godparent **MUST** be a practicing Catholic. It is preferable that both godparents be practicing Catholics, however it is permitted to have a baptized practicing non-Catholic be a "Christian Witness" in addition to the Catholic godparent.

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

Both Godparents should be willing and able to help the child develop and grow in the Catholic faith.

The minimum age for a godparent is sixteen (16) years of age.

Name of person who filled out this form _____

Date of Baptism classes _____ Date of Baptism _____

Immersion

Pouring Water

* Registered members of St. John Vianney Catholic Church? _____