



Request for Infant/Child Baptism

Office use only:

Date: _____
Paid: \$ _____ Ck/CC/_____

Today's Date: _____ Family Last Name: _____

Parish where family is registered: _____

PLEASE PRINT

(not registered at St. Mark, a Delegation letter from your home parish is required)

Child's Information:

Gender: Male Female

Name: _____

Legal Name exactly as shown on Birth Certificate: (First Name) (Middle) (Last Name) (Suffix)

Date of Birth: ____/____/____ **Please present an ORIGINAL Birth Certificate to the office to be copied.**
MM / DD / YYYY

Place of Birth: _____
(City) (State) (Country)

Was child adopted? YES NO (If YES, copy of adoption decree is required).

Was child previously Baptized? YES NO (If YES, Please explain): _____

Father's Information:

Religion: _____

Name: _____

Exactly as shown on Child's Birth Certificate: (First Name) (Middle) (Last Name) (Suffix)

Mother's Information:

Religion: _____

Maiden Name: _____

Exactly as shown on Child's Birth Certificate: (First Name) (Middle) (Maiden Name) (Suffix)

Name: _____

Exactly as shown on Driver's License: (First Name) (Middle) (Last Name) (Suffix)

Residential Information:

Do parents reside together? Yes No. If not, is custody JOINT or FULL. If full, which parent has FULL custody? _____
(Documentation is required before the Sacrament of Baptism)

Home Address: _____ City _____ ST _____ Zip _____

Home Phone: (____) _____ Cell Dad (____) _____ Cell Mom (____) _____

Preferred family Email: _____ @ _____

Godparents/Christian Witness: At least one Godparent must be a practicing Catholic. If the second is non-Catholic s/he must be a baptized Christian and is referred to as a Christian Witness. *(Sponsor letter(s) required)*

Name of Male Godparent / Christian Witness: _____

Practicing Catholic? Yes / No If YES, Parish: _____
(Need letter from parish) (Parish Name) (City) (State) (Country)

Name of Female Godparent / Christian Witness: _____

Practicing Catholic? Yes / No If YES, Parish: _____
(Need letter from parish) (Parish Name) (City) (State) (Country)

Other: (Please Circle)

Will child be raised Catholic? YES/NO • Parents Married? YES/NO • By Catholic Priest? YES/NO

Name: _____

Signatures of both parents are required.

Father's signature: _____ Mother's signature: _____

Print Name: _____ Print Name: _____