



# CHATHAM CATHOLIC FAMILY OF PARISHES

## BAPTISM REQUEST FORM

Please enter all information as recorded on child's birth certificate.  
The baptismal certificate is a legal document. Do not abbreviate names.

Office Use  
Church

Date

Time

Celebrant

*Child's Full Name:* \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School: (if applicable) \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_ Religion: \_\_\_\_\_

Are Godparents Married to each other?  Yes  No

*Child's Full Name(2):* \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School: (if applicable) \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_ Religion: \_\_\_\_\_

Are Godparents Married to each other?  Yes  No

*Child's Full Name(3):* \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School: (if applicable) \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_ Religion: \_\_\_\_\_

Are Godparents Married to each other?  Yes  No

Father's Name: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Married  Single  Divorced  Common Law

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish Attending:  Blessed Sacrament  Our Lady of Victory  St. Agnes  
 St. Joseph  St. Ursula

Please list other children's names and birthdates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Office Use Only***

Date of 1<sup>st</sup> appointment \_\_\_\_\_ Date of Baptismal Prep \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_

Church \_\_\_\_\_ Administered By \_\_\_\_\_

How many people expected? \_\_\_\_\_ # of Pews \_\_\_\_\_

Will family members be involved by presenting the gifts?  Yes  No

Notes for Interviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's age at Baptism \_\_\_\_\_

Family interested in follow-up communication?  Yes  No

Preferred method of contact?  Email  Postal service

Distribution:

Admin for certificate/register \_\_\_\_\_

Presider \_\_\_\_\_

Church booked \_\_\_\_\_

Materials given to parent/guardians

Child's Book  Yes  No Stool(s) needed  Yes  No