



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: _____

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

Name of Godfather: _____ Religion: _____

Name of Godmother: _____ Religion: _____

Are Godparents Married to each other? Yes No

Please list other children's names and birthdates.

Office Use Only

Date of 1st 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