

INCARNATION CATHOLIC CHURCH

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Baptism Application Form

Name of Child: _____

Date of Birth: _____ City, State of Birth: _____

Father's Name: _____ Religion: _____

Father's Address: _____ Phone: _____

_____ Email: _____

Mother's Maiden Name: _____ Religion: _____

Mother's Address: _____ Phone: _____

_____ Email: _____

Are parents married? _____ by a Catholic priest? _____

Are Parents registered Members of Incarnation Catholic Church? _____ Envelope # _____

Are you interested in getting information from the church and school periodically? Yes _____ No _____

Name of First Catholic Sponsor: _____ Religion: _____

Has Sponsor Received the Sacraments of Baptism: _____ Eucharist: _____ Confirmation _____

Is this person married? _____ If yes, is this person married by a Catholic priest? _____

Is this person a practicing Catholic? _____ Will he /she be present at the Baptism? _____

Name of Second Catholic Sponsor _____ Religion: _____

Has Sponsor Received the Sacraments of Baptism: _____ Eucharist: _____ Confirmation _____

Is this person married? _____ If yes, was this person married by a Catholic priest? _____

Is this person a practicing Catholic? _____ Will he /she be present at the Baptism? _____

To be completed during interview: Proposed Date of Baptism: _____

Interviewer: _____ Date of Interview: _____

Birth Certificate _____

Baptism Prep. Class completed: Father _____ Mother _____ Sponsor 1 _____ Sponsor 2 _____