

Office Use Only:  
Form received in office

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Baptism Scheduled for

**DATA OF BAPTISM**  
Please Print - Use Full Names  
Answer Each Question As Completely As Possible

Name of Child \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Maiden Name)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parents Married by \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_

Child's Godfather \_\_\_\_\_ Religion \_\_\_\_\_

Child's Godmother \_\_\_\_\_ Religion \_\_\_\_\_

Baptism to be performed by \_\_\_\_\_ Date \_\_\_\_\_

Baptism by Immersion

Baptism by Pouring of Water

**If Baptism is during Mass, how many pews would you like reserved for family and guests? \_\_\_\_\_**  
**If your family would like to bring up the gifts during Mass, please contact Arleen Christopherson at 810-653-1766**

Name of Church you are now registered in \_\_\_\_\_

City

State

**Please answer the following questions:**

**1. What does it mean for you to be a Christian mother/parent to your child?**

**2. What does it mean for you to be a Christian father/parent to your child?**

**3. Why are you bringing your child to this church for baptism?**

**PLEASE RETURN THIS FORM TO ST. JOHN PARISH OFFICE, 404 BUILDING  
TWO WEEKS PRIOR TO BAPTISM DATE  
God bless you and your child**