

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 at St. John the Evangelist Baptism at Blessed Sacrament
 by Immersion 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 for St. John or Gail Fielder at 810-743-7841 for Blessed Sacrament.**

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 THE CATHOLIC COMMUNITY OF
ST. JOHN THE EVANGELIST AND BLESSED SACRAMENT
ST. JOHN CAMPUS PARISH OFFICE, 404 BUILDING
TWO WEEKS PRIOR TO BAPTISM DATE
God bless you and your child**