

BAPTISM APPLICATION

For children under 7 years of age

St. Alexander Catholic Church
Iglesia Católica de San Alejandro



Today's Date: _____

Desired Baptism Date: _____

*Set Baptism Date: _____ Time: _____

*By parish office

CHILD'S INFORMATION

Child's *legal* name (as it appears in the birth certificate): _____

_____ Birth date: _____ Age: _____

Is the child adopted? Yes No if the answer is yes, please provide adoption documents.

PARENT'S INFORMATION

● **Father's legal name:** _____ Religion: _____

¿Baptized Catholic? Yes No ¿Received 1st Communion? Yes No ¿Received Confirmation? Yes No

Telephone: _____ Email: _____

Father's complete home address: _____

● **Mother's maiden name:** _____ Religion: _____

¿Baptized Catholic? Yes No ¿Received 1st Communion? Yes No ¿Received Confirmation? Yes No

Telephone: _____ Email: _____

Mother's home address (if different): _____

¿Parents married by the Catholic Church? Yes No Date: _____ Parish: _____

¿Registered members of St. Alexander? Yes Envelope Number _____

No What parish do you attend/belong to? _____

¿Why do you wish to baptize your child in this parish? _____

GODPARENT'S INFORMATION

● **Godfather's legal name:** _____ Religion: _____

Telephone: _____ Address: _____

¿Baptized Catholic? Yes No ¿Received 1st Communion? Yes No ¿Received Confirmation? Yes No

¿Are you older than 16 yrs of age? Yes No Parish you belong to/attend: _____

Single and not cohabitating with anyone Civilly married Other situation: _____

* Married in the Catholic Church: Parish _____ Date: _____

*** must present copy of Marriage certificate**

● **Godmother's legal name:** _____ Religion: _____

Telephone: _____ Address: _____

¿Baptized Catholic? Yes No ¿Received 1st Communion? Yes No ¿Received Confirmation? Yes No

¿Are you older than 16 yrs of age? Yes No Parish you belong to/attend: _____

Single and not cohabitating with anyone Civilly married Other situation: _____

* Married in the Catholic Church: Parish _____ Date: _____

*** must present copy of Marriage certificate**

OFFICE USE USO DE OFICINA Notes: _____ _____ _____ _____ Celebrant: Fr. DES / Other: _____ Register _____ Date _____ <input type="checkbox"/> Hospital Baptism <input type="checkbox"/> Special Circumstance <input type="checkbox"/> Other: _____	Form received by: _____ Today's Date: _____ R# _____ by: _____ Date: _____	Pláticas <i>Participante / Clase / Fecha</i> Padre 1 2 C _____ Madre 1 2 C _____ Padrino 1 2 C _____ Madrina 1 2 C _____ Bk. _____ Pg. _____ Ln. _____
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