

APPLICATION FOR BAPTISM
(Kindly Print)

Date: _____

Name of the Person to be Baptized: _____

Last Name

First Name

Middle Name(s)

Date of Birth: _____ **City of Birth:** _____ **Sex:** M / F

Month / Day / Year

Address: _____

Street

City

Postal Code

Tel: (H) _____ **(W)** _____ **(C)** _____

May we share this information with OLPH School? Yes ☐ No ☐

Father's Name		Mother's MAIDEN Name
	Full Name	
	Date of Birth	
	Religion	
	Occupation	
Married – Catholic Church <input type="checkbox"/> Married – Civil <input type="checkbox"/> Married – Minister <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced – Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced - Remarried <input type="checkbox"/> Single <input type="checkbox"/> Marriage Date: _____ (Month Day Year)	Marital Status	Married – Catholic Church <input type="checkbox"/> Married – Civil <input type="checkbox"/> Married – Minister <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced – Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced - Remarried <input type="checkbox"/> Single <input type="checkbox"/>

Are you a registered member of any parish? Yes ☐ No ☐

If registered, name of Parish _____

Do you attend church regularly? Yes ☐ No ☐

Are you ready to take the responsibility of bringing up this child as a true Catholic? Yes ☐ No ☐

GODPARENTS: (At least one must be a Catholic who has been confirmed and has received the Holy Eucharist, and lives a life of Faith which befits the role he/she undertakes: Canon Law – 874).

1. _____ Religion: _____
 2. _____ Religion: _____

PROXY: 1. _____ Religion: _____
 2. _____ Religion: _____

Baptism Session: _____

Date of Baptism: _____

Celebrant: _____

Remarks: