

St. Pius X
Infant Baptism Request Form

Please complete the information below, detach and return to St. Pius' Office. Keep page 1 and 2 for your records. A member of the Baptism Preparation Team will contact you regarding class times, dates and to schedule a pre-instruction interview.

PLEASE PRINT CLEARLY

A. Family Contact Information

Today's Date: _____

Child's Full Name: (First, Middle, Last)

Child's Date of Birth: Female Male

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Child's Place of Birth: (City, County, State)

Family Home Phone:

Child's Home Address:

City:

State/Province: Zip Code:

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Is child adopted? No Yes Date _____

Father's Full Name: (First, Middle, Last)

Preferred Name: (or "Nick Name")

Religion:

Home Address: (if different from above)

City:

State/Province: Zip Code:

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Preferred Phone:

Email Address:

Sacraments for Catholic Father:	Yes	No
Baptism	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Communion	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Marriage	<input type="checkbox"/>	<input type="checkbox"/>

Mother's Full Name: (First, Middle, Last)

Mother's Name before Marriage: (Maiden Name)

Preferred Name: (or "Nick Name")

Religion:

Home Address: (if different from above)

City:

State/Province: Zip Code:

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Preferred Phone:

Email Address:

Sacraments for Catholic Mother:	Yes	No
Baptism	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Communion	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Marriage	<input type="checkbox"/>	<input type="checkbox"/>

Family Registered at Saint Pius? Yes _____ No _____ When? _____

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B. Godparent Information

Please leave blank if undecided. Godparents do NOT have to be chosen prior to attending the Baptism Preparation class. Please refer to page 2 for assistance in choosing Godparents.

Godfather's Full Name: (First, Middle, Last)
Religion:

Godmother's Full Name: (First, Middle, Last)
Religion:

Practicing Catholic: Yes ___ Sometimes___ No___

Practicing Catholic: Yes ___ Sometimes___ No___

Will either Godparent be represented by Proxy? Yes___ NO___ Which Godparent?_____

For Office Use Only:

Pre-Instruction Interview with Priest/Deacon

Interview Date _____ By: _____ Schedule for Baptism Class: _____

Notes: _____

Pre-Baptism Catechesis Team

Session I: _____ Notes: _____

Session II: _____ Notes: _____

Session III: _____ Notes: _____

Baptism Schedule:

Date: _____ Time: _____ Celebrant: _____

Date: _____ Time: _____ Celebrant: _____

Baptism Completed: Yes _____ No _____ Certificate Issued: _____

Notes: _____

Received By: _____

Date: _____