

ST. CATHERINE OF SIENA CHURCH
Baptism Information Form

REQUESTED DATE OF BAPTISM: _____ Time: _____

Family Last Name: _____

Address: _____

Phone # _____ Email Address: _____

Are you a registered member of St. Catherine of Siena Church? YES NO How long? _____

If less than 6 months, name of your previous parish _____

FULL NAME OF CHILD: _____

Date of Birth: _____

Place of Birth - City: _____ State: _____

MOTHER'S NAME: _____
(First) (Last) (Maiden Name)

Religion of Mother: _____

Mother: Have you celebrated the sacraments of:

Baptism: YES NO First Communion: YES NO Confirmation: YES NO

FATHER'S NAME: _____
(First) (Last)

Religion of Father: _____

Father: Have you celebrated the sacraments of:

Baptism: YES NO First Communion: YES NO Confirmation: YES NO

Are parents married? YES NO If yes, married by a Catholic Priest? YES NO

Was the child ever privately baptized? YES NO Name of priest _____

Is this child the first for the parents? _____

((Continued on next page or back of page))

NAME OF GODMOTHER: _____

Religion of Godmother: _____

Name of Church where she is a practicing member: _____

NAME OF GODFATHER: _____

Religion of Godfather: _____

Name of Church where he is a practicing member: _____

Do both parents practice their faith by attending Mass on Sundays? YES NO

If not, please explain _____

Why do you want to have your child baptized? _____

By asking to have your child baptized, what responsibilities are you accepting for your child's faith formation? _____

Faith is a gift from God. How does a child come to know God and grow in their faith?

FROM THE CEREMONY:

“You have asked to have your child baptized.

In doing so, you are accepting the responsibility of training them in the practice of the Faith. It will be your duty to bring them up to keep God's commandments as Christ taught us, by loving God and our neighbor.

Do you clearly understand what you are undertaking? Parents reply: **“WE DO.”**

Any questions: please feel free to contact the parish office: (727) 531-7721 ext.129.

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