## BAPTISMAL APPLICATION

Name of Child:	Male/	Female							
Date of Birth:	Place of Birth:								
Family Address:									
Family Phone Number: (H):									
Father's Full Name:									
Father's Religion:									
Mother's Full Name(Maiden):									
Mother's Religion:									
Are you registered parishioners of St. Francis of Assisi? Yes				No					
If not, at which parish are you registered?									
If you are not a St. Francis of Assisi parishio your pastor to have the baptism take place at	<u> </u>		l a letter o Ye	-					
Are you married?			Ye	es No					
Were you married by a Catholic priest or deacon? Yes				es No					
Date of Marriage: Location	n of Marriage	):							
Has the child ever been baptized privately due to illness, danger of death, or any other reason?									
Ye	es No								
Please answer yes or no to the following:		FATHI	FATHER N		10THER				
Have you received the following sacraments	?								
Baptism		Yes	No	Yes	No				
Holy Eucharist		Yes	No	Yes	No				
Confirmation		Yes	No	Yes	No				

Do you attend Mass weekly?	Yes	No	Yes	No				
Do you frequent the sacrament of Reconciliation?	Yes	No	Yes	No				
GODPARENTS								
Godfather/Witness's Name:								
Is he a practicing Catholic? Yes No Has he be	en Conf	irmed?	Yes	No				
Over 16 years of age? Yes No								
Date of Baptism: Location of Baptism: _								
If not Catholic, what religion?								
Godmother/Witness's Name:								
Is she a practicing Catholic? Yes No Has she be	een Con	firmed?	Yes	No				
Over 16 years of age? Yes No								
Date of Baptism: Location of Baptism:								
If not Catholic, what religion?								
Will either godparent/witness be represented by proxy?								
Have you previously attended a baptismal seminar? Yes No								
If yes,								
Date: Location:								
FOR PARISH USE ONLY:								
Interview Completed:								
Baptismal Seminar Attended:								
Date and Time of Baptism:								
Officiating Priest or Deacon:								