FOR OFFICE USE ONLY:					
Date Received: Rec	eived By:				
Birth Certificate		Child's Age at Baptism:			
Baptismal Request/Enro	Sac	Sacramental Registry #:			
Godparent Affirmation					
Certificate of Cateches	s for Infant Baptism				
Parents					
Godpare Baptismal Catechesis F					
Baptisilial Catechesis I	cc				
	nt Catherine of Alex PTISMAL REQUES				
Please Print:					
NAME OF CHILD:					
First			Last		
DATE OF BIRTH:		_ PLACE OF BIR	TH:		
WAS CHILD PRIVATELY BAIT Yes, Location of Baptism:		et	City	State Zip	
HOME PHONE:		CELL PHONE:			
NAME OF FATHER:					
	First	Last			
RELIGION:	EMA	AIL:			
BAPTIZED? YES/NO	CONFIRMED? YES/NO	EUCHARIST?	YES/NO		
NAME OF MOTHER:					
DELICION.	First	Last	Mic	ldle	
RELIGION:	EM.	AIL:			
BAPTIZED? YES/NO	CONFIRMED? YES/NO	EUCHARIST?	YES/NO		
WERE PARENTS MAR	RIED BY A PRIEST/DEACO	N? YES/NO			
ARE PARENTS ACTIVE ARE PARENTS REGISTI CURRENT PARISH (IF	ERED AT ST. CATHERINE? Y APPLICABLE)				
	Churc	ch Name	City	State	

**** GODPARENT MUST BE A PRACTICING CATHOLIC****

BAPTIZED/ CONFIRMED/ RECEIVED EUCHARIST AND OVER 18 YEARS OF AGE.
ONLY **ONE** CATHOLIC GODPARENT IS REQUIRED, TWO MAXIMUM (One Male and One Female)

GODPARENT #1 NAME:	First		
RELIGION:		Last	
ATTENDED BAPTISM CLASS? YES/NO			
GODPARENT #2 NAME:			
RELIGION:			
ATTENDED BAPTISM CLASS? YES/NO	BY WHOM?		
IF GODPARENT CANNOT BE PRESENT, W	VHO WILL WITNESS	S:	
		First	Last
I AM MAKING PARENTING WITH AS MY SUPPORT. I MY CHILD IN THE CA TO PROVIDE A RELIGIO	ACCEPT THE COMI ATHOLIC CHURCH.	TO CHRISTIAN URCH COMMUM MITMENT TO RA I WILL DO ALL I ND TO MODEL M	ITY JISE I CAN Y FAITH
FATHER'S SIGNATURE: MOTHER'S SIGNATURE: FOR OFFICE USE ONLY:		D . TT	
PARISH COMMUNITY MEMBERSHIP/ PARTICIPATION: ENVELOPE USE: DATE OF BAPTISM:			

Revised: May 2025

NAME OF PRIEST/DEACON