

# BAPTISMAL APPLICATION FOR INFANTS & CHILDREN

## CANDIDATE & PARENTS

Please fill in the information requested. Thank you!

**Name of Candidate** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_

**Name of Father** \_\_\_\_\_

Religion/Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Name of Mother** \_\_\_\_\_

Maiden name \_\_\_\_\_

Religion/Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Baptismal date & time requested** \_\_\_\_\_

Where are you attending church now? \_\_\_\_\_

Why are you asking for Baptism?  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Sponsor 1** \_\_\_\_\_

Religion by Baptism \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Where is this sponsor attending church now? \_\_\_\_\_

**Name of Sponsor 2** \_\_\_\_\_

Religion by Baptism \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Where is this sponsor attending church now? \_\_\_\_\_

*Why are you asking for these sponsors?*

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*Would you prefer the baptismal service to take place privately on a Saturday, or on a Sunday, during the celebration of the Divine Liturgy in the presence of the parish community?*