

CHURCH OF THE ASCENSION  
**BAPTISM APPLICATION FORM**

*Please Print*

Name of Child \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ City of Birth \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Has this child been baptized before?  No  Yes \_\_\_\_\_

**PARENTS**

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic:  Baptized  First HC  Confirmed

Mother's Name \_\_\_\_\_ (Maiden name) \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic:  Baptized  First HC  Confirmed

Marital Status \_\_\_\_\_ Year \_\_\_\_\_ Church of Marriage \_\_\_\_\_

Baptism Preparation \_\_\_\_\_ Attended \_\_\_\_\_

Parish Affiliation  Ascension: \_\_\_ New \_\_\_ Registered  Other \_\_\_\_\_

**GODPARENTS (\*)**

Godfather's Name \_\_\_\_\_  Catholic & Fully Initiated \_\_\_\_\_

Baptism Preparation \_\_\_\_\_ Attended \_\_\_\_\_

Godmother's Name \_\_\_\_\_  Catholic & Fully Initiated \_\_\_\_\_

Baptism Preparation \_\_\_\_\_ Attended \_\_\_\_\_

(\*) Requirements for Godparents

- . At least 16 years of age
- . Practicing Catholic (at least one Catholic godparent – the other one could be a Christian witness)
- . Received these initiation sacraments: Baptism, Confirmation, Communion
- . If married, they must have a valid marriage as recognized by the Church.

**FOR OFFICE**

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_ Priest/Deacon \_\_\_\_\_

Baptism Offering  Baptism Certificate  Baptism Register