



SAINT COLUMBA
CATHOLIC CHURCH

Baptismal Application

Name of Child _____

Date of Birth _____ Place of Birth _____

Home Address _____

Home Phone #: (_____) _____ Daytime or Cell #: (_____) _____

Father's Name _____ (Religion)

Mother's Name* _____ (Religion)

(*First, Middle, and MAIDEN name)

Are parents members of St. Columba Church? _____ Yes _____ No

Were parents married by a Priest? _____ Yes _____ No

Was the child privately baptized? _____ Yes _____ No

Was the child adopted? _____ Yes _____ No

(Before you indicate godparents, please review the information given to you concerning Church Law and the Role of Godparents.)

Godfather's Name _____ (Religion)

Name of Godfather's Parish (City & State) _____

Godmother's Name _____ (Religion)

Name of Godfather's Parish (City & State) _____

Is either Godparent represented by proxy? _____ Which one? _____

Name of person who filled out this form? _____

Date form was filled out? _____ Date of Baptism Prep Class? _____

The Sacrament of Baptism is celebrated on the fourth Sunday of each month (except during Advent and Lent).

Please make an appointment to meet the Pastor prior to your child's baptism by calling 793-5802.

Remarks (for office use only)

Date of Baptism: _____ Sacrament administered by: _____