



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: \_\_\_\_\_