REQUEST FOR BAPTISM

St. Mary Church
730 Madison Ave.
Omro, WI. 54963
920-685-2258

Date of Mtg. _____
Time: _____
Location: _____

FAMILY INFORMATION:

Name of Child _____ Father's Name: _____
First Middle Last First Last

Birth date _____ Sex _____ Religion: _____
Confirmed: Yes No

Birth place _____ Mother's Name: _____
Hospital City First Maiden

Religion: _____
Confirmed: Yes No

Home Address: _____

Telephone #: _____ E-mail: _____

Names & Ages of other children: _____

SPONSOR INFORMATION

Sponsor's Name: _____ Sponsor's Name: _____

Sponsor's Religion: _____ Sponsor's Religion: _____

Confirmed Catholic? ( ) Yes ( ) No Confirmed Catholic? ( ) Yes ( ) No

For a valid Catholic baptism: One Sponsor MUST be a Confirmed, Practicing Catholic (Belongs & attends a Catholic Church)

BAPTISMAL INFORMATION:

Parish Mass: Date: _____ Time: _____

Other than parish Mass: Date: _____ Time: _____ Reason: _____

Pews reserved for family: Yes No How many? _____

Recommended Stole Fee for baptism is $10.00. (Please