

Baptismal Planning

Are you registered in St. Michael Parish? Yes___ No___

Is at least one of the parents a practicing, supporting member of the Parish? Yes___ No___

Do you intend to rear and educate your child according to the Catholic Faith? Yes___ No___

DATE OF BAPTISM_____

Full Name of Child _____ Male___ Female___

Date of Birth _____ City & State of Birth _____

Father's Full Name _____ Religion _____ Practicing? Yes___ No___

Mother's Full Name _____ Maiden _____

Religion _____ Practicing? Yes ___ No___

Present Address _____

Phone: _____ Email _____

Sponsors:

_____ Religion _____ Practicing? Yes___ No___

_____ Religion _____ Practicing? Yes___ No___

_____ Religion _____ Practicing? Yes___ No___

Is either sponsor to be represented by a proxy? Yes___ No___

Please give name and address of proxy:

Was the child adopted? Yes___ No___

Was the child privately baptized in emergency? Yes___ No___

Notes: _____

