

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_____

Home Phone_____ Cell_____

Sponsors:

_____ Religion_____ Practicing? Yes___ No___

_____ Religion_____ Practicing? Yes___ No___

_____ Religion_____ Practicing? Yes___ No___

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

Proxy's Name_____

Proxy's Address_____

Was the child adopted? Yes___ No___

If so, please give pertinent information:

Was the child privately baptized in emergency? Yes___ No___

Fr. Terry does baptisms **during the Mass.**

Approximately how many seats would you like reserved? _____

Fr. Tom and Deacon John do baptisms **after the Saturday 4:00pm Mass** or after the **11:00am Mass on Sunday.**