

REQUEST FOR THE BAPTISM OF A CHILD UNDER AGE 7

Child: _____ Sex: M ___ F ___
Last First Middle

Date of Birth: _____ **Place of Birth:** _____
City & State (& Country if not U.S.)

Father: _____
Last First Middle

Mother: _____
Maiden Name First Middle

Address: _____
Street City & State Zip Code e-mail Address

Telephones: _____
Residence Father's cell Mother's cell

Parish where you are registered: _____
Include City & State if not in the Diocese of San Diego

**If you are not registered in a parish,
 In which community do you live:** _____
For example, Peñasquitos. Include City & State if not in San Diego

Note that if you are registered in a parish other than Our Lady of Mount Carmel you must have permission from the pastor of the parish where you are registered in order for your child to be baptized at Our Lady of Mount Carmel Parish. That permission must be in writing and state that you have met all the requirements of that parish. If you are not registered in a parish, as part of the preparation for the Baptism of your child we ask you to register in Our Lady of Mount Carmel Parish or in another parish which you will regularly attend.

Godparents

To serve as a Godparent, a person must be 16 years or older, must have received the Sacraments of Baptism, Confirmation and Eucharist and be currently in good standing in the Catholic Church (e.g. if married, have received the Sacrament of Marriage). Only one Godparent is required, but if there are two, one must be male and one female. We recognize that in some cultures there are more than two Godparents; however, only the names of the primary Godparents will appear in the Baptism Register and on the Baptism Certificate. If one or both Godparents cannot be present, they can be represented by proxies. A person who does not meet the requirements may serve as a "witness" provided there is one Godparent who meets the requirements.

Godparent: _____ **Religion:** _____

Godparent: _____ **Religion:** _____

Proxy Godparents: _____

Adoption Information (This is required for the Baptismal Register which is a legal document.)

Has this adoption been finalized? Yes No

If not final, the child's legal name and the names of the biological parents (if known) are entered on this form. After the adoption is final, notify the parish and the entry in the Baptism Register will be altered to reflect the adoptive parents and the name of the child. No indication of adoption will ever be disclosed.

Previous Baptism (If your child was baptized previously, please give date, place and circumstances.)

Parents' Religious / Sacramental History		
	Father	Mother
Current Religion		
Baptism	Yes__ No__	Yes__ No__
What religion administered your Baptism?		
Catholic Confirmation	Yes__ No__	Yes__ No__
Catholic Eucharist (Communion)	Yes__ No__	Yes__ No__
Catholic Reconciliation (Confession)	Yes__ No__	Yes__ No__
Married: Yes <input type="checkbox"/> No <input type="checkbox"/> Marriage: Who witnessed your marriage? _____ Catholic Priest or Deacon _____ Non-Catholic Clergyperson _____ Civil Magistrate If Catholic, Name of Church _____ Address _____ Name of priest or deacon _____ Date _____		
Children (start with oldest) Name _____ Age _____ Baptism__ 1st Communion__ Confirmation__ Name _____ Age _____ Baptism__ 1st Communion__ Confirmation__ Name _____ Age _____ Baptism__ 1st Communion__ Confirmation__		

How often do you attend Sunday Mass? ___ weekly ___ times a month ___ times a year
Why? _____

How else are you involved in your parish family? _____

Why do you want your child to be baptized? _____

Signature of Father: _____ **Date:** _____

Signature of Mother: _____ **Date:** _____

Baptism Preparation Session Parish: _____ **Date:** _____

I approve this request: _____
Pastor or Designated Staff Member Date

I baptized this child: _____
Priest / Deacon Date