

**AVE MARIA CATHOLIC CHURCH  
BAPTISM APPLICATION**

**PLEASE PRINT CLEARLY:**

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Place (city, state and country): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion \_\_\_\_\_

Name of Church and place of marriage: \_\_\_\_\_

If you were not married in the Catholic Church, please provide When \_\_\_\_\_

Where \_\_\_\_\_ and by Whom \_\_\_\_\_ you were married?

Was the child privately and conditionally baptized? \_\_\_\_\_ When, where and for what specific reason: \_\_\_\_\_

Was the child adopted? \_\_\_\_\_ Date adoption finalized \_\_\_\_\_

<p><b>Church Law requires that a candidate for Baptism—for membership in the Church Community—must be sponsored by a baptized and confirmed member of the Catholic Church who is willing and able to help the candidate/child develop and grow in the Catholic Faith. There must be at least one (1) Godparent. In the case where there are two (2) Godparents, one must be male and the other female. The maximum number of Godparents is two (2). The minimum age for a baptized and confirmed Catholic to be a Godparent is sixteen (16) years of age. A baptized non-Catholic, Christian may not be a Godparent, but may act as a witness. Non-baptized persons may not officially act as a Godparent or witness to a Baptism of a candidate/child in the Catholic Faith.</b></p>
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Godfather's name: \_\_\_\_\_ Religion \_\_\_\_\_

Godmother's name: \_\_\_\_\_ Religion \_\_\_\_\_

Is either Godparent represented by proxy? \_\_\_\_\_ Which one? \_\_\_\_\_

Name of proxy: \_\_\_\_\_

Name of person preparing this form: \_\_\_\_\_

Relationship to candidate/child: \_\_\_\_\_ Date prepared: \_\_\_\_\_

**For office use only**

Date of class: \_\_\_\_\_ Instructors: \_\_\_\_\_

Date and time of Baptism: \_\_\_\_\_

Name of Deacon/Priest: \_\_\_\_\_

Information posted: P.D.S. \_\_\_\_\_ Ledger \_\_\_\_\_ Page \_\_\_\_\_ Line \_\_\_\_\_

Form reviewed by: \_\_\_\_\_