

ST. JOHN THE BAPTIST CATHOLIC PARISH

680 MILL STREET, EXCELSIOR, MN 55331

Baptism Request Form

Office Use Only: Date Rec'd: _____	Baptism Date: _____
Priest/Deacon Officiating _____	
If non-Parishioner, meeting date with Father: _____	
If parishioner, meeting date with Faith Formation: _____	
Sacramental Marriage? _____	Date of Prep Class: _____
Circle one: Baptism during Mass Baptism after Mass Mass: 5:00 pm 8:00 am 10:00 am	
<input type="checkbox"/> Certificate/Gift	<input type="checkbox"/> ParishSoft
<input type="checkbox"/> Parish Stats	<input type="checkbox"/> Baptismal Register

Mother's Full Maiden Name: _____

Father's Full Name: _____

Residence Address: _____

Phone (where you're most available): _____

Email: _____

Are you registered members at St. John's? _____

Is this Your First Child? _____ Is Child adopted? _____

If "no", have you been through a Baptism Prep class before? _____

In what Parish will the child be baptized? _____

First, Middle, Last Name of Child: _____

Date of Birth: _____

City of Birth: _____

Church where you were married: _____

Are you in a valid Sacramental Marriage? _____

Date of Baptism Prep Class: _____

Requested Date/Time of Baptism

(list top three choices-must be *after* prep class date):

	Date	Mass Time	During Mass	After Mass
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Sponsors (at least one fully initiated Catholic – both must be Christian)

(1) _____

(2) _____

Note log:

Initial:

Date:
