



# Holy Baptism Application

DATE OF BAPTISM: \_\_\_\_\_

TIME OF SERVICE: \_\_\_\_\_

## BAPTISM CANDIDATE INFORMATION

FULL NAME OF CANDIDATE: \_\_\_\_\_

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

Gender:  Male  Female

Place of Birth: Name of Hospital: \_\_\_\_\_

Address (include city/state) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work  Parent

## PARENT INFORMATION

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Member of Saint Barnabas?:  YES  NO

Baptized:  YES  NO

## PARENT INFORMATION

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Member of Saint Barnabas?:  YES  NO

Baptized:  YES  NO

## GODPARENT INFORMATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## PARISH BAPTISMAL SPONSOR INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_