

Office Use Only:
Baptism Scheduled for

____/____/____

Office Use Only:
Form received in office

____/____/____

DATA OF BAPTISM

Please Print - Use Full Names

Answer Each Question As Completely As Possible

Name of Child _____ Male _____ Female _____

Date of Birth _____ City & State of Birth _____

Father's Full Name _____ Religion _____
(First) (Middle) (Last)

Mother's Full Name _____ Religion _____
(First) (Middle) (Maiden Name)

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile Phone _____

Email
Address _____

Married by _____ Church _____ Date _____

Godfather _____ Religion _____

Godmother _____ Religion _____

Baptism performed by _____ Date _____

Baptism by Immersion _____ Pouring of Water _____

If Baptism is during Mass, how many pews would you like reserved for family and guests? _____
If your family would like to bring up the gifts during Mass, please contact Arleen Christopherson at
810-653-1766

Name of Church you are now registered in _____

City State

Please answer the following questions:

1. What does it mean for you to be a Christian mother/parent to your child?

2. What does it mean for you to be a Christian father/parent to your child?

3. Why are you bringing your child to this church for baptism?

**PLEASE RETURN THIS FORM TO ST. JOHN PARISH OFFICE, 404 BUILDING
TWO WEEKS PRIOR TO BAPTISM DATE**

God bless you and your child