Sts. Peter & Paul Church Soulard
BAPTISM APPLICATION FORM

Please fill out and email it to the office at office@stspeterandpaulstl.org.

NAME OF CHILD: _____
(First) (Middle) (Family)

Date of Birth: _____ City/State of Birth: _____
(Month/Day/Year)

Home Address: _____ Phone: _____

_____
(City/State/Zip)

PARENTS

Father's Name: _____
(First) (Middle) (Family)

Religion/Denomination: _____

Address (if not the same as child's): _____

Marital Status: _____ Place of Marriage: _____

Mother's Maiden Name: _____
(First) (Middle) (Family)

Religion/Denomination: _____

Address (if not the same as child's): _____

Marital Status: _____ Place of Marriage: _____

GODPARENTS

Godfather's Name: _____
(First) (Middle) (Family)

Address: _____

Church/Parish Affiliation*: _____

Godmother's Name: _____
(First) (Middle) (Family)

Address: _____

Church/Parish Affiliation*: _____

At least one Godparent must be a baptized, confirmed, practicing Catholic.
A letter of acknowledgement from current Pastor will be required.

Has this child ever been baptized before? If yes, where? _____ When? _____

Under what circumstance? _____

_____

Names and ages of other children (siblings) in the family: _____

_____