

INFANT BAPTISM REQUEST FORM

All Saints Catholic Community
PO Box 89, 39 N. Perry St.
New Riegel, Ohio 44853

Please print all information clearly.

My Parish is: _____ ALL SAINTS, New Riegel _____ OTHER

Name of Child: First _____ Middle _____ Last _____

Date of Birth _____ City & State of Birth _____ Boy Girl

Name of Father: First _____ Middle _____ Last _____

Religion of Father _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Email Address _____

Name of Mother: First _____ Middle _____ Maiden _____

Religion of Mother _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Email Address _____

Has your child been previously baptized? _____ If so, where? _____

Parish where you are registered if not here _____ How long? _____

Requested Date of Baptism (choose two dates): _____ or _____

The preferred time for the celebration of the Sacrament of Baptism takes place at one of the Sunday Liturgies:

Saturday: ____ 5:00 pm New Riegel **Sunday:** ____ 8:00 am Bascom ____ 10:00 am New Riegel

Special request for baptisms celebrated outside of Mass. Baptism celebrated outside of Mass will be held on the 2nd Sundays in January, February, May, July, October, November and the 3rd Sundays of August.

Questions Regarding Marriage and Family

Date of Marriage _____ City & State _____

Name of Church where marriage took place _____

If not married in the church, where did the marriage take place? _____

Number of children _____ Ages _____

Are the children enrolled in a religious education program or in a Catholic school? _____

Office Use Only

Presiding Priest/Deacon: _____	Confirmed date of Baptism _____
Entered in PDS: _____	Parents attended Baptism Class: _____ (date)
Recorded in Church Registry: _____	Godparents attended Baptism Class: _____ (date)
Certificate Mailed or Hand Delivered on: _____	Published in bulletin _____