



Church of St. Philip the Apostle PRE-BAPTISMAL INQUIRY

-- Office Use Only --

Pre-Baptismal INTERVIEW
Date: _____ Interviewer: _____

Pre-Baptismal CLASS

	<u>Date</u>	
Mother	_____	_____
Father	_____	_____
Godmother	_____	_____
Godfather	_____	_____

Donations/Fees

	Chk. No.	Collected by Whom?
_____	_____	_____
_____	_____	_____

--Office Use Only--
Requested Baptism Date:

--Priest/Deacon Use Only--
COMPLETED BAPTISM
Baptism Date: _____
Priest/Deacon Signature: _____

PRINT child's full Name _____

Date of Birth _____ City _____ State _____

Was the child privately baptized? _____ Adopted? _____

The Parents of the Child

PRINT Father's full name _____

Mother's first and Maiden Name _____

Mailing Address _____

Phone #s _____

Are you registered at St. Philip the Apostle? _____ Registration Number: _____

Email address _____

If you attend Mass on Sunday, where do you attend? _____

Why would you like to have your child baptized in the Catholic Church? _____

Why would you like to have your child baptized at St. Philip's? _____

Are both parents willing to raise the child in the Catholic tradition? _____

What does "raising the child in the faith" mean to you? _____
