Our Lady of the Valley & St. Raphael
BAPTISM REQUEST FORM

Today's Date: _____ Baptism Date Requested: _____ at _____Parish
(month/day/year)   (STR or OLV)

Register for Class in _____ (month) as: Parents _____ OR Godparent _____ (check one)

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CHILD: FULL NAME _____ **PLEASE PRINT**
(First   Middle   Last)

PLACE of BIRTH: _____ DATE of BIRTH: _____
(**city AND state where child was born**)   (month/day/year)

FATHER: FULL NAME _____ Catholic? YES   NO (Circle one)
(First   Middle   Last)
If not, what faith? _____

MOTHER: FULL **MAIDEN** NAME _____ Catholic? YES   NO (Circle one)
(First   Middle   **Maiden**)
If not, what faith? _____

Residence _____ Home Phone _____
(street address)   (city)   (zip)   (area)

PARENTS: Actively attending Church?   YES   NO   Collection envelope number: _____

Registered in: St. Raphael ____   Our Lady of the Valley ____   Another Parish (specify) _____

Single Parent: YES NO   Married: YES NO   Catholic ceremony by Priest or Deacon: YES NO

If not, how were you married? <u>JP</u>: YES NO / By non-Catholic minister: YES NO / Church dispensation given: YES NO

GODPARENTS: SEE ELIGIBILITY INSTRUCTIONS

GODFATHER: NAME: _____ Active, confirmed Catholic? YES NO
Single____ Married____ if married**:** in Catholic Church____ yes____ no;   Divorced____
His parish, city & state: _____
If not Catholic, what Christian faith? _____

GODMOTHER: NAME: _____ Active , confirmed Catholic? YES NO
Single____ Married____ if married**:** in Catholic Church ____yes____ no;   Divorced____
Her parish, city & state: _____
If not Catholic, what Christian faith? _____

Will either Godparent be represented by a Proxy?   YES NO
If yes, please write name (s) of Proxy (ies). _____
Has child ever been baptized (emergency) by ANYONE?   YES NO   If yes, please explain on the reverse side.
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OFFICIAL CORRESPONDENCE NEEDED:
1) <u>Eligibility Letter</u> from Catholic Godparents' parish <u>IF</u> they are <u>not a member</u> of St. Raphael or Our Lady of the Valley;
2) Evidence of Baptism Preparation Classes, <u>IF</u> not done at St. Raphael/Our Lady of the Valley;
3) Photocopy of Birth Certificate.
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OFFICE USE ONLY:
(This paperwork must be returned to STR/OLV Office after completion of Baptism in order to be recorded officially.)

Baptism classes attended: YES NO   All documentation received: YES NO

Parish where the baptism is to take place: _____ Date requested: _____

Priest or Deacon scheduled for this Baptism: _____ (Please print)
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Above person baptized by   (**SIGNATURE**) _____ Date: _____
(Priest / Deacon Signature)

Initials & Date Recorded in Church Register: _____ Page & Line: _____
Computer PDS Program updated: OLV_____   STR _____