



Holy Family Catholic Parish
9669 Kraft Avenue, SE, Caledonia, MI 49316
phone 616-891-9259; fax 616-891-1346
www.holyfamilycaledonia.org

Infant/Child Baptism Application

Please print all information clearly.

Today's Date: _____

Proposed Baptism Date: _____ Time: _____

Number of Family Members Attending: _____

For other considerations or permissions, please contact Chris Shafer

Child's Information:

Child's full name: _____
(first) (middle) (last)

Date of Birth: _____ City & State of Birth: _____

Address (city, state & zip): _____

Home Phone: _____ Day Phone: _____

Cell Phone: _____ (Mother's or Father's?)

Was the child baptized in the hospital? No Yes Gender of child Male Female

Was the child adopted? No Yes (if yes, legal documentation is needed)

Parent Information:

Father's full name: _____
(as stated on Child's Birth Certificate) (first) (middle) (last)

Religion of Father: _____

Catholic Sacraments received: Baptism Eucharist Confirmation Marriage

Father attends Church: Regularly Occasionally Seldom Never

Mother's full name (maiden name in brackets): (as stated on Child's Birth Certificate)

_____ (first) (middle) (maiden) (last)
Religion of Mother: _____

Catholic Sacraments received: Baptism Eucharist Confirmation Marriage

Mother attends Church: Regularly Occasionally Seldom Never

Parent Email address: _____

Are you (parents) registered members of Holy Family? Yes No

If yes, members approximately how long?

If No, please provide the name & address of the Catholic parish where you are registered and/or attending.

Marriage Information of Parents:

Marital Status of Parents: Married Single Divorced

If Married, were you married in a Catholic Church? Yes No

If divorced, please attach legal documentation verifying guardianship of this child.

Godparent/Sponsor & Witness Information:

Name of Male Godparent: _____ Age _____

Member of Holy Family? Yes No If No, where? _____

Sacraments received: Baptism Eucharist Confirmation Marriage*

If married, is Male Godparent in a valid Catholic Marriage: i.e. Married in the Catholic Church? Yes No

Name of Female Godparent: _____ Age _____

Member of Holy Family? Yes No If No, where? _____

Sacraments received: Baptism Eucharist Confirmation Marriage*

If married, is Female Godparent in a valid Catholic Marriage: i.e. Married in the Catholic Church? Yes No

Will either Godparent be represented by Proxy(ies)? Yes No

If using a Christian Witness, please provide full name: _____

Gender: Male Female

Baptized in _____ Faith _____

Name of Church, City and State in which the Christian Witness practices his/her faith:

Baptism Class Preparation:

Have the parents attended a baptism preparation class in the last 2 years?

Yes If yes, where? _____

No If no, for which class are you registering? _____

Have Godparents attended a baptismal preparation class? (encouraged, but not required)

Yes If Yes, where? _____

No If No, for which class are you registering? _____

I give permission to Holy Family to publish my child's first name and parent's first & last name in the monthly parish newsletter.

Yes No (please initial)

By signing below, I certify that all information provided on this form, is true and correct; and I hereby give permission for the baptism of the above named child in the Catholic Church.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

Return completed Application to Chris Shafer

Office Use Only:

- Noted in EMS (if other than Baptism weekend)
- Sample Certificate drafted
- Email Baptism weekend sheet to Fr. Loc, Barb, Chris and LWC
- Class Completed
- Entered in Sacrament Book
- Entered in ACS as family member/check records
- Entered in ACS after baptism

Additional Forms:

- Parent Acknowledgement form
- Godfather Verification
- Godmother Verification
- Godfather Sacramental Records
- Godmother Sacramental Records
- Christian Witness Baptism Record
- Non/New Parishioner Pastor Letter

OK to record
