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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
