

(Current as of June 2026)

SACRAMENT OF BAPTISM REQUEST FORM

NAME OF PERSON TO BAPTIZE: _____
(First) (Middle) (Last)

DATE OF BIRTH ____/____/____ CITY OF BIRTH _____ STATE _____
(Mo/Day/Year)

FATHER'S FULL NAME: _____ Roman Catholic Yes /No If No _____

MOTHER'S FULL (MAIDEN) NAME: _____ Roman Catholic Yes /No If No _____

GODFATHER (First and Last) NAME: _____

GODMOTHER (First and Last) NAME: _____

Date of Baptism (Preferred during 9 or 11 AM Sunday Mass): _____

* Date of Baptism will not be set until all Baptism Process requirements are met/submitted

* Contact parish coordinator to set a date other than Sunday. Exceptions are determined and approved by the priest.

Contact TEL#: _____ Email _____

Priest's Comments after meeting with parents/godparents: _____ Date: _____

Husband: Baptism Eucharist Confirmation Reconciliation Marriage

Wife: Baptism Eucharist Confirmation Reconciliation Marriage

Attends Mass at St. Michael Travis AFB Yes / No