

Baptismal Application

St. Joseph Catholic Church Alice, TX

(Please print or type all information.)

Child's Full Name _____

Date of Birth _____ **Place of Birth** _____

Father's Full Name _____

Mother's Name (Maiden) _____

Parent's Address _____

Phone _____ **Parish** _____

Sponsors' Names: His _____

Hers _____

Sponsors' Address: His _____

(if other than his) Hers _____

His Phone _____ **Parish** _____

Her Phone _____ **Parish** _____

(For office use only)

Date of Instruction _____

Date of Baptism _____

Baptismal Fee Paid _____ **Date of Payment** _____

Checklist of Documents:

Child's Original Birth Certificate _____

Baptismal Certificate of Sponsor(s) _____

1st Communion Certificate _____

Confirmation Certificate _____

Church Marriage Certificate _____

Letter of Permission of Parent(s) _____ **(When baptizing a child from another parish)**

Letter of Permission of Sponsor(s) _____ **(If sponsor belongs to another parish)**