

# St. Augustine Parish Application for Baptism

Before Baptism, please fill out this form and bring or mail to St. Augustine Church, 35 Essex St, Andover, MA 01810

Name of Child \_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please include copy of birth certificate

Home Address \_\_\_\_\_

Street Address/City, State, Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Legal Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Legal Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Surname \_\_\_\_\_

Church and Place of Marriage \_\_\_\_\_

Are you a registered member of St. Augustine Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain reason for request of Baptism at St. Augustine Church

Was the child privately baptized? Yes \_\_\_\_ No \_\_\_\_ Was the child adopted? Yes \_\_\_\_ No \_\_\_\_

(Special authorization is required for Baptism of an adopted child)

Please refer to our website for information on choosing Godparents:

Godfather's Legal Name \_\_\_\_\_ Religion \_\_\_\_\_

Godmother's Legal Name \_\_\_\_\_ Religion \_\_\_\_\_

Is either Godparent represented by proxy? Yes \_\_\_\_ No \_\_\_\_ If so, which one? \_\_\_\_\_

Name of person who filled out this form \_\_\_\_\_

Date of preparation class \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Signature of Priest \_\_\_\_\_