## **REQUEST FOR BAPTISM**

Name of th	e child:			
Date of birth	·			
	day	month	year	253
Place of birth	า:			
Date of prop	osed baptism:			
	educate our children in	n that faith.	to practice our Catholic fai	
Name of th	<u>e father:</u>			
Religion:		Signature:	·	
Name of the mother:			Maiden:	
Religion:		Signature:		
Address of th	ne parents:			
Phone number:		or		
Church/city v	where marriage took place	e:		
			- Aller Control of Con	
Name of the	e Godfather:			
	·			
City of reside	ence of the Godfather:			
Name of the	e Godmother:			
Religion:				
City of reside	nce of the Godmother:			
	*Please complete ALL AREAS  *Please attach copy of birth certificate (large one with both parents names)  *Please refer to attached documents for more information			
X	Office notes:		"All authority in heaven and on earth has been given to me. Go, therefore, and make disciples of all the nations; baptise them in the name of the Father and of the Son and of the Holy Spirit."  - Matthew 28: 18-19	