

Basilica of St. Stanislaus Bishop and Martyr
BAPTISM APPLICATION FORM

English [ ] Polish [ ] Minister of Baptism: _____ Date of Application: _____

Please, address any questions regarding Baptism at St. Stanislaus to Deacon Joseph Peters.
Call or e-mail: 413-561-3470 or joep63@mac.com

PLEASE, PRINT

*Date of Baptism: _____ **Time of Baptism: _____

*(usually 2nd & 3rd Sunday unless arranged differently with Deacon J. Peters) **(usually 12:00 pm unless arranged differently)

Name of the Child: _____
(first) (middle) (last)

Date of Birth _____ City and State of Birth _____
(month/day/year)

Father's Name _____
(first) (last)

Address: _____

Religious Denomination _____ Church/Parish Affiliation _____

Phone: (home __ cell phone __) _____ _____
(e-mail address)

Marital Status: _____ Place of Marriage _____

Mother's Name (and **MAIDEN NAME**) _____
(first) (last) (maiden)

Address: _____

Religious Denomination _____ Church/Parish Affiliation _____

Phone: (home __ cell phone __) _____ _____
(e-mail address)

Marital Status: _____ Place of Marriage _____

GODPARENTS:

Godfather's Name: _____ _____
(e-mail address/phone: optional)

Religious Denomination _____ Church Affiliation _____
***Confirmation Certificate: [ ] OR ***Certificate of Eligibility/Letter or Recommendation [ ]

Godmother's Name: _____ _____
(e-mail address/phone: optional)

Religious Denomination _____ Church Affiliation _____
***Confirmation Certificate: [ ] OR ***Certificate of Eligibility/Letter of Recommendation [ ]

****At least one godparent must be a baptized, confirmed, practicing Catholic.*

Baptismal Instruction is required for first children. Scheduled for _____
(usually the 1st Sunday of the month)

To be attended by: Father [ ] Mother [ ] Godfather [ ] Godmother [ ]

Include all information regarding any Proxy to be used: _____

_____

Names and ages of other children (siblings) in the family: _____

_____