

**Basilica of St Stanislaus Bishop & Martyr
BAPTISM APPLICATION FORM**

Please Print

Date of Application _____

Date of Baptism _____

Time of Baptism _____

Name of Child: _____
(family) (first) (middle)

Date of Birth: _____ City of Birth: _____
(month/day/year)

Father's Name: _____
(family) (first) (email address)

Religion/Denomination: _____ Phone _____ Cell _____

Address _____

Marital Status: _____ Place of Marriage _____

Mother's Maiden Name: _____
(family) (first) (email address)

Religion/Denomination: _____ Phone _____ Cell _____

Address _____

Marital Status: _____ Place of Marriage _____

GODPARENTS

Godfather's Name: _____ email _____

Church/Parish Affiliation *: _____

Confirmation Certificate Letter of Recommendation

Godmother's Name: _____ email _____

Church/Parish Affiliation *: _____

Confirmation Certificate Letter of Recommendation

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

Baptismal Instruction is required for first children. Scheduled for _____

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: _____

Minister of Baptism: _____

Any Questions regarding Baptism at St Stanislaus?: Please call or email
Deacon Joseph Peters 413-561-3470 or joep63@mac.com