

INFANT BAPTISM REQUEST

St. Mary Catholic Parish
4001 St. Mary's Drive
Anacortes, Washington 98221
(360) 293-2101 v
(360) 293-8556 f

St. Paul Catholic Parish
P.O. Box 2100
17456 Pioneer Parkway
La Conner, Washington 98257
(360) 466-5737

Please print clearly and complete both sides of this form.

Today's Date: _____ Requested Month of Baptism: _____
Child's Name First _____ Middle _____ Last _____
Child's date of birth: _____
Place of child's birth: (City and State) _____
Who is the Primary Contact? Mother Father
Primary phone: _____ Secondary phone: _____
E-mail: _____
Address: _____

Mother's Full Name: _____
Mother's maiden name: _____ Date of birth: _____
Baptized Catholic? Y N Baptized in another Christian faith? _____
Church of Baptism: _____ Year: _____ City, State: _____
Sacraments Received: Reconciliation? _____ First Communion? _____ Confirmation? _____
Mother's Signature: _____ Date: _____
Father's Full Name: _____
Date of birth: _____
Baptized Catholic? Y N Baptized other faith? _____
Church of Baptism: _____ Year: _____ City, State: _____
Sacraments Received: Reconciliation? _____ First Communion? _____ Confirmation? _____
Father's Signature: _____ Date: _____
Catholic Marriage? Y N If not, please explain: _____
Registered Parishioners? Y N (please check) St. Mary _____ or St. Paul _____
 I would like to register as a parishioner of St. Mary _____ or St. Paul _____.
Mother's Baptism Certificate Provided? Y N
Father's Baptism Certificate Provided? Y N

GODPARENT INFORMATION

Note: If there are two sponsors, one must be woman, one man; at least one Godparent must be confirmed Catholic, over the age of 16, in good standing with the church and, if married, married in the Catholic Church.

Godmother's Name:	_____	Date of Birth:	_____
Address:	_____		
Church of Baptism:	_____	Year:	_____
City, State:	_____		
Confirmed?	Y <input type="checkbox"/> N <input type="checkbox"/>	Year:	_____
Name of Church:	_____	City, State:	_____
Married?	Y <input type="checkbox"/> N <input type="checkbox"/>	Year:	_____
Name of Church:	_____	City, State:	_____
Attending Mass at:	_____		
<input type="checkbox"/>	I would like to register as a parishioner of St. Mary _____ or St. Paul _____.		

Godfather's Name:	_____	Date of Birth:	_____
Address:	_____		
Church of Baptism:	_____	Year:	_____
City, State:	_____		
Confirmed?	Y <input type="checkbox"/> N <input type="checkbox"/>	Year:	_____
Name of Church:	_____	City, State:	_____
Married?	Y <input type="checkbox"/> N <input type="checkbox"/>	Year:	_____
Name of Church:	_____	City, State:	_____
Attending Mass at:	_____		
<input type="checkbox"/>	I would like to register as a parishioner of St. Mary _____ or St. Paul _____.		

*If there is only one Catholic Godparent, there may also be one Christian Witness.
He/she must be validly baptized and a practicing Christian. Please call the Parish Office with any questions.*

Christian Witness Name:	_____	Date of Birth:	_____
Address:	_____		
Church of Baptism:	_____	City, State:	_____
Attending church at:	_____	City, State:	_____