

M - 1/5/74



Church of Saint Brendan

8725 S.W. 32nd Street

Miami, Florida 33165

Phone: 305-0221-0881 - Fax 305-226-6249

BAPTISM APPLICATION

(Private Baptism Saturdays only from 9:00 A.M. to 11:30 A.M.)

Date: _____

Family No.: _____

Name of the child: _____

Place of birth: _____

Date: _____

Parents' name: _____

Religion: _____

Religion: _____

Parent #1:

Sacraments received: Baptism _____

Communion _____

Confirmation _____

Cellular: _____

Parent #2:

Sacraments received: Baptism _____

Communion _____

Confirmation _____

Cellular: _____

Address: _____

Zip code _____

Are the parents married by the Catholic Church?

Yes _____

No _____

Civil _____

Are the parents separated and/or divorced?

Yes _____

No _____

Please indicate the child's designated Mother's surname: _____

Religion: _____

Sponsor name: _____

Parish: _____

Address: _____

Phone: _____

Sacraments received: Baptism _____

Communion _____

Confirmation _____

Married? Yes _____ No _____

Married by the Catholic Church? Yes _____ No _____

Sponsor name: _____

Parish: _____

Address: _____

Phone: _____

Sacraments received: Baptism _____

Communion _____

Confirmation _____

Married? Yes _____ No _____

Married by the Catholic Church? Yes _____ No _____

PARENTS

I hereby certify that I wish my child to be brought up as a Catholic.

Parent's signature

Parent's signature

SPONSORS

All sponsors must be 16 years of age or older, practicing Catholics and one of whom must be a Confirmed Catholic.

I hereby certify that I will give a CATHOLIC example with my daily life and prayers.

Sponsor's signature

Sponsor's signature

A person who belongs to a non-Catholic community may not be admitted except to act as a Witness to the baptism and must Witness the baptism together with a Confirmed practicing Catholic Sponsor.

Witness signature

Witness signature