# **BAPTISM INFORMATION FORM**

St Maximilian Kolbe Parish

### PLEASE PRINT

Baptismal date requested (confir	med once all paper	work is received)			
Full name of person to be baptiz	ed		(cird	cle one) M	OR F
City of birth	State	Birth date			_
Present address		City, State, Zip_			
Phone #	Email				
Father's Name					
Mother's 1 <sup>st</sup> & Maiden Names					
<b>GODPARENTS (incl Christia</b> Check the information sheet for the rea	,	bolic godparent or Christian wi	tness.		
( <b>Male</b> ) Sponsor Witness		(circle one) Catholic godparent	OR 1	non-Catholi	c Ch <del>r</del> istian
(Female) Sponsor		<i>(circle one)</i> Catholic godparent	OR	non-Catholi	ic Christian

#### SCHEDULING BAPTISM

Completed registration form and both godparent forms, signed by the pastor of the godparent's church, must be submitted to our parish office <u>before the date will be scheduled</u>. Once all forms have been received, you will receive a confirmation from the parish office.

## **CAMERAS/VIDEOTAPING**

Please inform your relatives and friends that photos are allowed but **NO flash.** Pictures may be taken after the baptismal rite.

## **STIPENDS**

Witness

We do not accept stipends, as baptism is part of the life of our parish community.

\_\_\_\_\_A donation for the baptismal cloth and candle is enclosed (make checks out to St. Maximilian Kolbe).