

SACRAMENT OF BAPTISM INFORMATION



Holy Spirit Synodal Catholic Church



*Please, print legibly. Thank you.*

Full Legal Name of the Candidate: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_

Candidate's City and State of Birth: \_\_\_\_\_

Candidate's Parents' Full Legal Names (*include maiden name also*):

a. \_\_\_\_\_

b. \_\_\_\_\_

Mailing Address of the Candidate:

\_\_\_\_\_

\_\_\_\_\_

Names of Sponsors-Godparents (*One of whom is a fully initiated Christian i.e. baptized, confirmed and eucharist*):

a. \_\_\_\_\_

b. \_\_\_\_\_

Will the Godparents be represented by a Proxy? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Name of the Proxy for the Godparent: \_\_\_\_\_

Proposed Date for Baptism: \_\_\_\_\_

Priest/Deacon for Baptism: \_\_\_\_\_