

SAINTS PETER & PAUL ROMAN CATHOLIC CATHEDRAL

Serving Greater Indianapolis Since 1892



REQUEST FOR BAPTISM

Child's Full Name _____

Date of Birth _____ Place of Birth _____

Address _____ Phone _____

City _____ Zip Code _____

Father	Mother
Name	Name
	Maiden Name
Religion	Religion

Were parents married by a Catholic Priest? Yes No Circle One

Godfather	Godmother
Name	Name
Religion of Godfather	Religion of Godmother
Name	Name
Religion of Godfather	Religion of Godmother

This Baptism will take place _____ at SS. Peter & Paul Cathedral.
Date

Signature of Parent(s)

Date

Signature of Parent(s)

Date

Presider Signature _____ **Date** _____