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,State,Zip _____ _____ _____ _

Father	Mother
Name	Name
	Maiden Name
Religion	Religion
Email:	Email:

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

We would like to have the Baptism at SS. Peter and Paul Cathedral on _____

Proposed Date

(this date is not guaranteed)

_____ _____

Signature of Parent(s) Date

_____ _____

Signature of Parent(s) Date

Presider Signature _____ Date _____

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