Holy Angels Parish

PO Box 166, La Valle, WI 53941

BAPTISM REQUEST

Please Print **BAPTISM CANDIDATE**

NAME_____Male_____Female_____
Last First Middle

ADDRESS_____
Street City State Zip

TELEPHONE_____ CELL PHONE_____

EMAIL ADDRESS_____

BIRTHDATE_____

BIRTHPLACE_____

PARENTS

FATHER_____
Last First Middle

Religion_____Parish_____Yes_____No_____ _____
Confirmed? Where? Church & City

MOTHER_____
Last First Middle

Religion_____Parish_____Yes_____No_____ _____
Confirmed? Where? Church & City

Mother's Maiden Name_____

Mother's maiden name appears on baptismal register and certificate.

GODPARENTS

God Father_____
Last First Middle

Religion_____Parish_____Yes_____No_____ _____
Confirmed? Where? Church & City

God Mother_____
Last First Middle

Religion_____Parish_____Yes_____No_____ _____
Confirmed? Where? Church & City

Additional Sponsors_____

Proxy Sponsors_____

BAPTISM SCHEDULED FOR_____

(Date will be set after Baptism prep is complete.) Month Day Year Time

Worship Site of Baptism_____