

**Corpus Christi Catholic Church**  
**Aldie, Virginia 20105**  
**Baptism Request Form**

Today's Date: \_\_\_\_\_

Date Requested for Baptism: \_\_\_\_\_

**(Once this form, birth certificate, and sponsor forms are received by the parish office, the Date of Baptism can be scheduled.)**

Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(first)</span> <span>(middle)</span> <span>(last)</span> </div>	
Date of Birth: _____  The child is: <input type="checkbox"/> male <input type="checkbox"/> female	Birth Place: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(City)</span> <span>(State)</span> </div> Is the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No Was child privately baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(first)</span> <span>(middle)</span> <span>(last)</span> </div> Mother's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Maiden</span> <span>(first)</span> <span>(middle)</span> <span>(maiden)</span> </div>	Religion: _____  Religion: _____
Were parents married by a Catholic priest? <input type="checkbox"/> Yes <input type="checkbox"/> No Is family registered at Corpus Christi? <input type="checkbox"/> Yes <input type="checkbox"/> No      Parish No. _____ Current Address: _____ Email: _____ Home Phone: _____      Work/Cell Phone: _____	
Name of Godfather: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(first)</span> <span>(middle)</span> <span>(last)</span> </div>	Religion: _____
Name of Godmother: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(first)</span> <span>(middle)</span> <span>(last)</span> </div>	Religion: _____
Is either godparent to be represented by proxy? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a Sponsor Certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No Is either godparent a member of Corpus Christi? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did parents attend a Baptism Preparation Class <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Location of Baptism Class Attended: _____
Comments: _____	

\_\_\_\_ Birth Certificate of Child to be Baptized

For Office Use:

\_\_\_\_ Godmother Sponsor Certificate Rec'd

Date of Baptism \_\_\_\_\_

Entered into Register \_\_\_\_\_

\_\_\_\_ Godfather Sponsor Certificate Rec'd

Certificate Complete \_\_\_\_\_

Entered into PDS \_\_\_\_\_

Signature of Celebrant: \_\_\_\_\_