**Baptism Appointment Request Form for St. Rose of Lima Church**

For office use only:

Day/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congratulations! Please download this form and complete in its entirety. Upon completion please send via email baptism@srolchurch.org. Following receipt, you will be contacted by email within three business days for more information and to discuss your appointment.

Please call us at 516.798.4992 if you have any questions or if you have not heard back from us.

Name Click or tap here to enter text. Today’s Date Click or tap to enter a date.

Primary phone number Click or tap here to enter text.

Email address Click or tap here to enter text.

Address Click or tap here to enter text. Are you registered at St. Rose? Yes [ ] No [ ]

Have you had other children baptized at St. Rose? If yes, how many? Click or tap here to enter text.

Appointments are being held in person at this time, generally Mon., Wed., & Thurs. evenings

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**Child’s information:**

Name of child FIRST, MIDDLE AND LAST NAME Click or tap here to enter text.

Male [ ]  Female[ ]  Date of birth Click or tap to enter a date.

City and State of birth hospital ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Click or tap here to enter text.

Was your child previously baptized? YES [ ]  NO [ ]

Is your child adopted? YES [ ]  NO [ ]

**Parent information:** Please write names as they appear on the child’s birth certificate.

Name of father Click or tap here to enter text.

Religion of the father Click or tap here to enter text.

Name of mother - first name and **maiden name** Click or tap here to enter text.

Religion of the mother Click or tap here to enter text.

Date of your marriage Click or tap to enter a date.

Name of the church of your marriage Click or tap here to enter text.

Location of the church of your marriage Click or tap here to enter text.

If married at a venue, please list the city and state.

Office use only:

Appt date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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