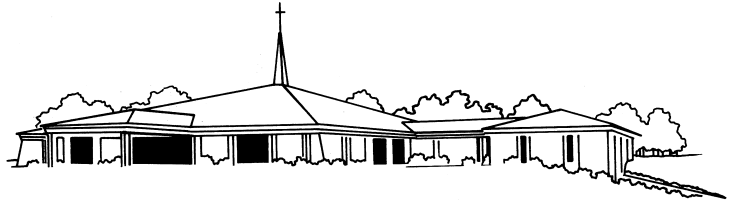


# St. Ambrose Parish

820 W. HOMER M. ADAMS PARKWAY  
GODFREY, IL 62035-3335  
618-466-2921



*Parents must be registered and active at St. Ambrose for at least three months before scheduling a baptism.  
Baptisms are not celebrated during the seasons of Advent or Lent.*

## BAPTISMAL REGISTRATION FORM

Child's name \_\_\_\_\_ Was child adopted? \_\_\_yes \_\_\_no  
First Middle Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City State

Father's full legal name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's full legal name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's MAIDEN name \_\_\_\_\_

**Contact Information:** Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Were parents married by a Catholic Priest or Deacon? \_\_\_yes \_\_\_no

Was the child privately baptized due to a health emergency? \_\_\_yes \_\_\_no

Are the parents registered and active members of St. Ambrose Parish? \_\_\_yes \_\_\_no

*If not, we will need a letter of permission from their proper pastor in order for the baptism to take place at St. Ambrose.*

**Only ONE Catholic Godparent is required.** The Godparent must be at least 16 years of age, actively practicing the Catholic faith, and have already celebrated Confirmation and Eucharist. The Godparent **MUST** have his/her proper pastor complete the "Godparent Form" in order to serve in this role. **These forms must be returned to St. Ambrose Parish Office at least two weeks before the scheduled baptism.** If two Catholic Godparents are chosen, one must be male and the other female. If only one Catholic Godparent is chosen, a Christian Witness of another Christian faith may be chosen as well. The Christian Witness may be either male or female.

**GODFATHER's** Full Name \_\_\_\_\_

**GODMOTHER's** Full Name \_\_\_\_\_

**(Christian Witness' Full Name \_\_\_\_\_ Religion \_\_\_\_\_)**

Will the Godparent or Christian be represented by Proxy? \_\_\_yes \_\_\_no

If so, please include the full name of the Proxy. \_\_\_\_\_

**Date/Time for Baptism agreed upon by Pastor/Deacon and parents:**

Day of week \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Month/Day/Year

**RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE VIA THE  
COLLECTION BASKET or DROP OFF AT THE PARISH OFFICE.**