

BAPTISM INFORMATION FORM

St. John the Evangelist Church

121 North 80th St. Seattle, WA 98103
Phone: 206-782-2810; fax 206-782-0242

Office Use:
Date of Baptism _____
Mass Time _____
Class? _____
Godparent Forms _____ Birth Certf. _____

Name of your Child _____
First Middle Last

Date of Birth _____ City of Birth _____

Address _____
Street City State Zip code

Telephone # _____

E-mail _____

Father's Name _____
First Middle Last

Father's Religion _____
Baptized _____ 1st Communion _____ Confirmed _____
Y/N Y/N Y/N

Mother's Name _____
First Middle MAIDEN/Birth surname

Mother's Religion _____
Baptized _____ 1st Communion _____ Confirmed _____
Y/N Y/N Y/N

Date of Marriage _____ Married in Catholic Church? Yes _____ No _____

If not married in the Catholic Church, would you consider having your marriage blessed? _____
If civilly divorced, is your child's baptism in accord with your parenting agreement? _____
Have you been previously married? _____

Registration and Baptism Date/Time Preference and Class Sessions:

1. How long have you been a registered member of St. John the Evangelist Church? _____
Note: If you are not a registered member please register at www.stjohnsea.org
2. I want my child Baptized: Oct 1-2, 2016 _____; Dec 3-4, 2016; _____; Feb 25-26, 2017 _____; June 10-11, 2017 _____
3. Please indicate 1st & 2nd choices for Mass times: Sat. 5PM _____ Sun. 8:30am _____ Sun 10:30am _____
4. A \$55 preparation fee is requested; no one will be turned away from the sacrament for lack of funds.
5. If you are a first time parent or have never taken a Baptism class at St. John's or elsewhere you should attend the two Baptism Preparation Sessions!

I will be attending the Baptism classes: Yes _____ No, I don't need to attend _____

