Notre Dame Catholic Mission
217 N. US Highway 1 Fort Pierce, FL 34950
Telephone: (772) 466-9617 Fax: (772) 466-4075
www.https://NotreDameCC.com Email : Notre DameCatholicMission@hotmail.com

Baptism Application Form

Today's Date: _____ **Parent Env. ID:** _____

Child Information

Last Name: _____ First Name: _____

Birthday: _____ Birthplace: _____

Home address 1) Street address

2) City, State, Zip code

☒ Male ☐ Female

Parents' Information

Mother's Last and First Name: _____ Birthplace: _____

Is mother Catholic? ☒ Yes ☐ No If yes, the name & city of the church: _____

Father's Last and First Name: _____ Birthplace: _____

Is father Catholic? ☒ Yes ☐ No If yes, the name & city of the church: _____

Parents marital status: ☐ Married ☐ Divorced ☐ Widow ☐ Engaged ☐ Single

Home address:

1) 0Street address

2) City, State, Zip code

Telephone: _____ Email: _____

Godparents' Information

Godmother's Last and First Name: _____ Birthplace: _____

Is Godmother Catholic? ☒ Yes ☐ No If yes, the name & city of the church: _____

Godfather's Last and First Name: _____ Birthplace: _____

Is Godfather Catholic? ☒ Yes ☐ No If yes, the name & city of the church: _____

For office use only

Did parents provide a copy of the child's birth certificate? ☒ Yes ☐ No

Did parents pay the $100 fee for the Sacrament? ☐ Yes ☐ No

Do you request the Sacrament Certificate? ☐ Yes ☐ No

Date of the Baptism: _____