SACRAMENT OF BAPTISM REQUEST FORM
Saint Luke's Catholic Church
417 E 3rd St., Ogallala, NE

Please print all information clearly.

Family Name: _____

Name of Child: First_____Middle_____Last_____

Date of Birth _____City & State of Birth _____

Name of Mother: First_____Middle_____Last_____

Religion of Mother_____

Name of Father: First_____Middle_____Last_____

Religion of Father_____

Mailing Address: _____

Daytime Phone_____

Has your child been previously baptized? _____ If so, where? _____

Parish where you are registered_____

How long? _____

How often do you attend Mass (weekly, monthly, never or other)?

Mother_____Father _____

How often do you receive the Sacraments?

Mother_____ Father_____

How are you involved in parish life? _____

Requested Date and Time of Baptism (choose date): _____

Are you married in the church? _____ Name of Church_____

Date of Marriage _____ City & State _____

God - Father _____, God – Mother _____

_

Baptism completed by _____on _____

Recorded Date and by whom _____