

All Saints Catholic Parish, Le Mars, Iowa
Request for Baptism

Today's Date _____

Name of Child _____ Gender M _____ F _____

Date of Birth _____ Place of Birth (city, state) _____

Requested Date _____ Requested site: St. Joseph _____ St. James _____

Baptisms are normally celebrated: at St. James: after the 4:00 PM Saturday or 8:00 AM Sunday Mass at St. Joseph after the 5:30 PM Saturday or 11:00 Sunday Mass
Baptisms can also be celebrated during a Sunday Mass.

Father's Full Name _____
(First) (Middle) (Last)

Address _____ City, State _____ Zip _____

Telephone _____ Email _____

Religion _____ Marital Status married single

Mother's Full Name _____
(First) (Middle) (Last) (Maiden)

Address (if different than above) _____ City, State _____ Zip _____

Telephone _____ Email _____

Religion _____

Are the parents validly married according to the guidelines of the Catholic Church?
____ YES ____ NO

Please fill out sponsor information on the reverse side.

(For Office Use)

- ____ Pre-Baptism class attended
- ____ Meeting with Pastor
- ____ Necessary paperwork submitted
- ____ Baptism Approved and on Calendar
 ____ President _____
- ____ Baptism Completed and Recorded

