

ST. JOHN THE APOSTLE CATHOLIC CHURCH
475 E. 4th Street, Hialeah, Florida 33010
Telephone 305 888-9769 Fax 305 888-9341

REQUEST FOR THE SACRAMENT OF BAPTISM

*A \$50.00 donation is due at the time the application is
submitted to cover the baptismal candle, certificate and the class*

Date _____

Child's Name _____

Date of Birth _____

Place of Birth _____

Father's Name _____

Religion of Father _____

Mother's Maiden Name _____

Religion of Mother _____

Were Parents Married by a Catholic Priest or Deacon? _____

Family Address _____

City, State, Zip Code _____

Home Phone _____ Cellular Phone _____

Are you registered in the parish? Yes _____ No _____

When would you like to have your child Baptized? _____

Godfather's Name _____

Religion of Godfather _____

Godmother's Name _____

Religion of Godmother _____