



ST. JOHN THE APOSTLE CATHOLIC PARISH

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PETITION TO THE SACRAMENT OF BAPTISM

Date: _____ **Private** Yes _____ No _____
Month Day Year

CHILD'S INFORMATION

Name: _____ Age: _____
months years
Date of Birth: _____ Place: _____

PARENTS' INFORMATION

Father's Name: _____
Telephone: _____ Religion: _____
Mother's Name: _____
Maiden name
Telephone: _____ Religion: _____
Married in the Church: Yes _____ No _____ Registered in the Parish: _____ Yes _____ No _____
Family Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

INFORMATION ABOUT THE BAPTISM

Date: _____ Time: _____ am _____ pm
Celebrant: _____ Language: _____ Sp _____ Eng
Godfather's Name: _____ Religion: _____
Godmother's Name: _____ Religion: _____
Community Baptism: \$100.00 Payment Method: _____ Cash _____ Check _____ Online
Private Baptism: \$300.00 Pending Payment _____ Yes _____ No Paid date: _____ 2024

Attach the Birth Certificate to this application, and your donation to cover the expenses.

Added to the Calendar: _____ Yes