



# ST. JOHN THE APOSTLE CATHOLIC PARISH

475 East 4<sup>th</sup> Street, Hialeah, FL 33010

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Website: www.sjmiami.com

## PETITION TO THE SACRAMENT OF BAPTISM

Date:    2025  
*Month Day Year*

Private Yes  No

### CHILD'S INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*months years*

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

### PARENTS' INFORMATION

Father's Name: \_\_\_\_\_  
*Authorizing Signature*

Telephone: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
*Maiden name Authorizing Signature*

Telephone: \_\_\_\_\_ Religion: \_\_\_\_\_

Married in the Church: Yes  No  Registered in the Parish:  Yes  No

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Godfather's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

### INFORMATION ABOUT THE BAPTISM

Date: \_\_\_\_\_ Time: \_\_\_\_\_ *am pm*

Celebrant: \_\_\_\_\_ Language: \_\_\_\_\_ *Sp Eng*

Community Baptism: \$100.00 Payment Method:  Cash  Check  Online

Private Baptism: \$300.00 Pending Payment  Yes  No Paid date: \_\_\_\_\_ 2025

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