



The Catholic Community of the Holy Spirit

Baptism Request Form

17 Earlington Ave, Mullica Hill, NJ 08062

Family Information

Family Name: _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Data for Baptismal Register

Full Name of Child to be baptized: _____
Child's Date of Birth: _____ City where child was born: _____
Father's Name: _____ Religion: _____
Mother's First and Maiden Name: _____ Religion: _____
Godfather's Name: _____ Religion: _____
Godmother's Name: _____ Religion: _____
Was the Child privately baptized? Yes _____ No _____

Parents' Marriage Information

Are Parents Married? Yes _____ No _____ Were Parents Married in Catholic Church by a Priest or Deacon? Yes _____ No _____
Where were Parents Married? Place _____ City and State _____
If parents of child are not married or were married outside the Catholic Church, would the parents like to speak to a priest about getting married or having their marriage blessed in the Church? Yes _____ No _____

Baptism Request

It is important that each family wishing to have their child Baptized attend the Family Baptism Workshop. The Family Baptism Workshop is held on the **first Sunday of each month** at the Mullica Hill Parish Center at 12:00pm.

Date you plan to attend the Family Baptism Workshop: _____

Baptisms are held on the **second Sunday of each month** at St. Joseph Church in Woodstown at 10:30am and on the **fourth Sunday of each month** at the Mullica Hill Parish Center at 12:00pm.

Requested Baptism Date and Time: _____

*Please return this form to the Parish Office or to the information desk before or after any weekend mass. Your Baptism is not scheduled until you speak to the Sacramental Coordinator. You will receive a confirmation phone call within 48 hours of turning in this form. If you do not receive a phone call, please call the Parish Office at 856-478-2294 x1002 and ask for Julie.

For office use only	Date Received: _____	Date of Confirmation phone call: _____
Date and Time of Baptism: _____	Signature of Sacramental Coordinator: _____	

Date of Workshop attendance: _____	Signature of Workshop instructor: _____	