



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 and Baptismal Certificate

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

Each family wishing to have their child Baptized must attend a Baptism Preparation Workshop. The Baptism Workshop is held on the **first Sunday of each month** at the Mullica Hill Parish Center following the 10:30am Mass. Families that have attended our Workshop within three years will not be required to attend again. Godparents are encouraged to attend. Children are welcome.

Date you plan to attend the Family Baptism Workshop: _____

Baptisms are held on the **second Sunday of each month** in Woodstown following and on the **fourth Sunday of each month** at the Mullica Hill Parish Center. Baptisms are not scheduled during Lent nor on Pentecost Sunday. (See current year schedule)

Requested Baptism Date and Time: _____

*Please return this form to the Parish Office or send by email to office@holyspiritweb.org. Your Baptism will not be scheduled until this form is received. You will receive a confirmation email/phone call within 48 hours of turning in this form. If you are not contacted, please call the Parish Office at 856-478-2294 x1002

FOR OFFICE USE ONLY

Date Received: _____

Date of Confirmation phone call: _____

Date of Workshop attendance: _____

Signature of Workshop instructor: _____

Date and Time of Baptism: _____

Signature of Clergy _____