

BAPTISMAL REQUEST FORM TO FILL OUT AND RETURN TO LOYOLA

Today's Date: _____

Requested Baptism Date: _____

All baptisms at Madonna della Strada Chapel are held on Sundays at noon. Please review, complete, and sign this form to ensure you meet and understand the requirements for baptism.

Name of child: _____
First Name Middle Name Last Name

Child's date of birth: _____
Month Day Year

Child's place of birth: _____ City State Country of Birth: _____

Has the child been baptized before? ___Yes ___No

Father's Name: _____ Catholic? ___Yes ___No
First Name Middle Name Last Name

Mother's MAIDEN Name: _____ Catholic? ___Yes ___No
First Name Middle Name Maiden Name

Legal Guardian's Name:

