

St. Helen Catholic Church
Religious Education Office
2025 20th Av
Vero Beach, FL 32960
(772) 562-5954
Fax (772) 562-2209



St. Helen Catholic Church Baptism Application Form

Family Name _____

Mailing address _____

(city)

(state)

(zip code)

Email address _____

Home phone _____

Cell phone _____ (father) _____ (mother)

Registered member of St. Helen Parish? Yes _____ No _____

***IF THE ANSWER IS NO TO THE ABOVE, PLEASE LIST THE PARISH WITH WHICH YOU ARE REGISTERED.**

Child's Name:

(First)

(Middle)

(Last)

Child's date of birth _____ Place of birth _____
Month Day Year city state zip

Proposed Date of Baptism _____

Father's Name _____ (First) (Middle) (Last)

Father's Religious Affiliation _____

Father's Signature _____

Mother's Name _____
(First) (Maiden) (Last)

Mother's Religious Affiliation _____

Mother's Signature _____

Are Parents married? Yes ___ No ___

Were Parents married by a Priest or Deacon? Yes _____ No _____

If no, we would like the opportunity to speak with you. What is the best way to reach you? Email: _____ &/or phone # _____

Godfather's Name _____
(First) (Middle) (Last)

Is the Godfather Catholic? Yes _____ No _____

Has the Godfather received the Sacrament of Confirmation? Yes _____ No _____

If Catholic, and you checked NO, would you like to make your Confirmation?

YES _____ NO _____

If Catholic, what parish are you registered under? _____

Godmother's Name _____
(First) (Middle) (Last)

Is the Godmother Catholic? Yes _____ No _____

Has the Godmother received the Sacrament of Confirmation? Yes ___ No ___

If Catholic, and you checked NO, would you like to make your Confirmation?

YES _____ NO _____

If Catholic, what parish are you registered under? _____

Godmother's relationship to the child being baptized? _____

Godfather's relationship to the child being baptized? _____

Will either Godparent be represented by a Proxy? Yes _____ No _____

If "Yes", the name of the Proxy is _____
(First) (Middle) (Last)

Was the child baptized privately for any emergency? Yes _____ No _____

If "Yes", what were the circumstances?

Was the child adopted? Yes _____ No _____

Date of Baptismal Preparation Class you are attending:

(Month) (Day) (Year)

(Facilitator Signature)

Office Use Only:

**PRIEST/DEACON _____ PRESIDED OVER THE
(NAME OF PRESIDER)**

**CELEBRATION OF THIS SACRAMENT ON _____ / _____ / _____.
(MONTH) (DAY) (YEAR)**