



BAPTISM APPLICATION

Family Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Dad Cell: _____ Mom Cell: _____

Are you a registered member of St. Helen Church? YES NO

If YES, what is your parish ID number: _____

If you do not know your parish ID, please call the Church office at 567-5129

If NO, which parish are you registered with: _____

Child's Name: _____

Child's Date of birth: _____ Place of birth: _____

Proposed date of Baptism: _____

Father's Name: _____

Father's Religious Affiliation: _____

Father's Signature: _____

Mother's Name: _____

Mother's Religious Affiliation: _____

Mother's Signature: _____

Are parents married: YES NO If YES, were parents married by a priest or deacon? YES NO
If no, we would like the opportunity to speak with you.

St. Helen Catholic Church / Religious Education Office

2005 Tallahassee Ave. Vero Beach, FL. 32960

P: (772) 562-5954 / E: pfies@sthelenvero.org



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Godfather's OR Christian Witness Name: _____

Is the Godfather Catholic? YES NO

If YES, what parish is the Godfather registered with? _____

Has the Godfather received the Sacrament of Confirmation? YES NO

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

Godfather's relationship to the child being baptized: _____

Godmother's OR Christian Witness Name: _____

Is the Godmother Catholic? YES NO

If YES, what parish is the Godmother registered with? _____

Has the Godmother received the Sacrament of Confirmation? YES NO

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

Godmother's relationship to the child being baptized: _____

Will either Godparent be represented by a proxy? YES NO

If YES, the name of the proxy: _____

Was the child baptized privately for any emergency? YES NO

Is YES, what were the circumstances?

Was the child adopted? YES NO

Date of Baptism Preparation Meeting: _____
Month / Day / Year

Parent / Godparents watched "Reborn" Video? YES NO Date: _____
Facilitator Signature

OFFICE USE: Priest / Deacon (Presider) Name: _____

Presided over the celebration of this sacrament on: _____
Month / Day / Year