



St. Anthony of Padua

Roman Catholic Church

6350 N. Fort Apache Rd. + Las Vegas, NV 89149 + (702) 399-6897 + www.saplv.org

Priest : _____
Baptism Date: _____
Sacramental Book: _____
Number: _____
Donation: _____
PDS: _____
On the Calendar: _____

REQUEST FOR BAPTISM

TODAY'S DATE: _____ Date requested For Baptism: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

CITY/STATE/COUNTY OF BIRTH: _____

FATHER: _____ Religion: _____
(Full Name)

BAPTIZED: YES _____ NO _____ CONFIRMED: YES _____ NO _____

MOTHER: _____ Religion: _____
(Maiden Name)

BAPTIZED: YES _____ NO _____ CONFIRMED: YES _____ NO _____

Married in Catholic Church Date: _____ Church: _____

Married civilly or in non-Catholic religious ceremony Date: _____ Place: _____

Unmarried, both parents on birth certificate: YES _____ NO _____ Single Parent only on birth certificate: _____

If either parent is a member of an Eastern Catholic Church, which parent and which ritual Church: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

BEST CONTACT TELEPHONE: _____

Parents may choose godparents (sponsors) for their children from among family or friends qualified to serve in that capacity. Parents may choose a godfather and a godmother or just one godparent.

I consent to the baptism of my child in the Catholic Church and realize that, once baptized, the child must be brought up in the practice of the Catholic faith by having them receive the Sacraments of Holy Communion, Confirmation and attend Mass faithfully.

(Father's signature) Date: _____

(Mother's signature) Date: _____