

St. John Paul II Parish

NOTRE DAME DES SEPT DOULEURS CHURCH • ST. STANISLAUS KOSTKA MISSION CHURCH

P.O. BOX 231 • 21 MAPLE STREET • ADAMS, MA 01220-0231
OFFICE 413 743-0577 • FAX 413 743-4665 • POPEJOHNPAULADAMS@YAHOO.COM

Congratulations! Thank you for your interest in your child's baptism at St. John Paul II Parish. Please read and complete this form in its entirety. Baptism consideration is offered to parents who are registered, supportive members of our parish. At your earliest opportunity, complete this form and return it to the office at the above address.

Child's Legal Name _____ Male ___ Female ___

Date of Birth _____ Place of Birth (town/state) _____

Father's full name _____ Religion _____

Mother's **current** full name _____ Religion _____

Mother's full name **at time of Baptism** _____

Phone numbers you may be reached at _____

Address _____

Are parents married? Y / N In a Catholic Church? Y / N

Church/date/town parents were married? _____

Important Note: A Godparent must be a baptized, confirmed, practicing Catholic, at least 16 years of age, and not the child's parent. A Sponsor's Certificate or Baptismal/Confirmation Certificate must be sent to us BEFORE the baptism can take place. Please call the Pastoral Office with any questions 743-0577.

Full Name of Godfather _____

Date of Birth _____ Church of Baptism _____

Church of Confirmation _____

Full Name of Godmother **at time of baptism** _____

Current Full Name of Godmother _____

Date of Birth _____ Church of Baptism _____

Church of Confirmation _____

Will Godparent be represented by a proxy? _____ Christian Witness? _____

Was child privately baptized? _____ Is child adopted? _____

Proposed Date & Church (Notre Dame or St. Stan's) chosen for baptism _____

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This form MUST be returned PRIOR to baptism.