



# HOLY FAMILY

CATHOLIC COMMUNITY

## Pre-Baptismal Inquiry

*-- Office Use Only --*

**Pre-Baptismal INTERVIEW**  
 Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**Pre-Baptismal CLASS**

	<u>Date</u>	
Mother	_____	_____
Father	_____	_____
Godmother	_____	_____
Godfather	_____	_____

**Fees**

	Check #/CC/Cash	Collected by Whom/Date
\$50/child (Group Baptism)	_____	_____
\$250/child (Private Baptism)	_____	_____

**Note: Payments are non-refundable**

*--Office Use Only --*

Requested Baptism Date:  
 \_\_\_\_\_

*-Priest/Deacon Use Only-*

**COMPLETED BAPTISM**

Baptism Date:  
 \_\_\_\_\_

Priest/Deacon Signature:  
 \_\_\_\_\_

PRINT child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Was the child privately baptized? \_\_\_\_\_ Adopted? \_\_\_\_\_

**The Parents of the Child**

PRINT Father's full name: \_\_\_\_\_

Mother's first and maiden name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Are you registered at Holy Family Church? YES  NO  Registration Number: \_\_\_\_\_

If you attend Mass on Sunday, where do you attend? \_\_\_\_\_

Why would you like to have your child baptized in the Catholic Church? \_\_\_\_\_

Why would you like to have your child baptized specifically at Holy Family Church? \_\_\_\_\_

Are both parents willing to raise the child in the Catholic tradition? \_\_\_\_\_

What does "raising the child in the faith" mean to you? \_\_\_\_\_

**Marital Status of Parents**

Please check "yes" or "no" for each of the following:

	Yes	No
We were married in the Catholic Church	<input type="checkbox"/>	<input type="checkbox"/>
We were married in another church	<input type="checkbox"/>	<input type="checkbox"/>
We were civilly married only	<input type="checkbox"/>	<input type="checkbox"/>
We are living together but not married	<input type="checkbox"/>	<input type="checkbox"/>
One (both) of us had previous marriage	<input type="checkbox"/>	<input type="checkbox"/>
I am a single parent	<input type="checkbox"/>	<input type="checkbox"/>
One (both) parent is younger than 18 years	<input type="checkbox"/>	<input type="checkbox"/>

**Faith Practice of Parents**

Please check **all that apply** for mother **and** father:

	Father	Mother
Baptized Catholic or (other _____)	<input type="checkbox"/>	<input type="checkbox"/>
Participates weekly at Mass	<input type="checkbox"/>	<input type="checkbox"/>
Attends church but not regularly	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church	<input type="checkbox"/>	<input type="checkbox"/>
Does not participate in any religion	<input type="checkbox"/>	<input type="checkbox"/>
Has made first Communion	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in getting married in the Catholic church?	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in full initiation in the Catholic faith?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in registering at Holy Family?	<input type="checkbox"/>	<input type="checkbox"/>

**Godparent Information**

***Godparents must be baptized, confirmed, having made first communion and they should be practicing the Catholic faith. If they are married, they should be married in the Catholic Church.***

Name of Godfather: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_

Please check **all that apply**:

	Godfather	Godmother
Baptized Catholic or (other _____)	<input type="checkbox"/>	<input type="checkbox"/>
Participates weekly at Mass	<input type="checkbox"/>	<input type="checkbox"/>
Attends church but not regularly	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church	<input type="checkbox"/>	<input type="checkbox"/>
Does not practice in any religion	<input type="checkbox"/>	<input type="checkbox"/>
Has made first Communion	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion	<input type="checkbox"/>	<input type="checkbox"/>
Is married?	<input type="checkbox"/>	<input type="checkbox"/>
Is married in the Catholic Church?	<input type="checkbox"/>	<input type="checkbox"/>

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Priest's/Deacon's Signature: \_\_\_\_\_

Date: \_\_\_\_\_