ST. AUGUSTINE CATHEDRAL 192 S. STONE AVENUE, TUCSON, AZ. 85701 (520-623-6351)

BAPTISM APPLICATION

Priest/Deacon performing Baptism:					
Baptismal Date:	Time:		Language:		
Class Scheduled for:	Time	:			
Today's Date:	Registered Paris	hioner	Yes		No
Child's Legal Full Name: (Last)	(First)	(Middle)		e)	
Date of Birth:	Place	of Birth (City & State):			
other's Name: *		Home Phone Number:			Cell Phone Number:
Mother's Name:		Home Phone Number:			Cell Phone Number:
Address:					
ity:		State:		Zip:	
Parent's Email Address:					
Godfather's Name:					
Godmother's Name:					
* Father's Name will only appear on Baptism Certificate ++ By signing this document, I am certif the child baptized.			h certificate	are in a	agreement to have
Signature		Printed Name	D		te
Please note: To schedule date & time of baptism	, we must have all doci	uments (including documer	ntation for godp	arents) a	nd application form two
(2) weeks prior to class. Thank you!					

Parish Office Notes: