



ST. LUKE THE EVANGELIST ROMAN CATHOLIC CHURCH

91 NORTH PARK STREET · DAHLONEGA, GA 30533
706-864-4779 · WWW.STLUKERCC.ORG

BAPTISM APPLICATION

Name of Child (First, Middle, Last): _____ Male / Female

Date of Birth: ____ / ____ / ____ Place of Birth (City/State): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone (____) _____

Cell Phone (____) _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

(include mother's maiden name)

Registered member of St. Luke's? Y / N

Parents married by a Catholic priest or deacon? Y / N

If not, permission will be submitted by: _____. If not, does the parent desire marriage instruction? Y / N

Church name and city of marriage: _____

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

Either godparent represented by proxy? Y / N Name of proxy: _____

Was child adopted? Y / N

Name as you would like it to appear on the baptismal certificate:

Name of Priest or Deacon officiating: _____

Date of Baptism: _____ Time: _____

FOR OFFICE USE ONLY:

Minister's Signature _____ Date _____

Sponsorship (1) Affidavit Received:
Sponsorship (1) Verification Received:
Certificate completed:
Register entry:

Sponsorship (2) Affidavit Received:
Sponsorship (1) Verification Received:
Certificate provided to family:
ParishSOFT entry:

