

**Saint John the Evangelist**  
9 Glen Road  
Wellesley, MA 02481  
781-235-0045  
stjohnwellesley@stjohnwellesley.org  
Fax: 781-235-6990



**Saint Paul**  
502 Washington Street  
Wellesley, MA 02482  
781-235-1060  
Kay Kociuba, Pastoral Associate  
pastoral.associate@stpaulwellesley.com  
Fax: 781-235-4620

## BAPTISMAL REQUEST FORM

Baptisms are celebrated on **Sundays at 1:30 pm**. At **St. Paul**, baptisms are celebrated on the **1<sup>st</sup> and 3<sup>rd</sup> Sunday** of the month. At **St. John**, baptisms are celebrated on the **2<sup>nd</sup> and 4<sup>th</sup> Sunday** of the month. Please complete this form and return it to the appropriate Parish Office. Completed forms may be brought/mailed to the office, or faxed/emailed using the contact information above. Forms should be returned as soon as possible, **but no later than two weeks prior to Baptism**. Once we receive your completed form, we will contact you to discuss baptismal preparation and confirm the requested date.

**Is this your first child to be Baptized?** \_\_\_ Yes \_\_\_ No *A baptismal preparation meeting is required for all couples who have not had a child baptized previously. The preparation is required for both parents. It is recommended but not required for the Sponsors to attend.*

**Church:** \_\_\_ St. John \_\_\_ St. Paul **Requested Baptismal Date:** \_\_\_\_\_  
*For St. Paul, choose a 1<sup>st</sup> or 3<sup>rd</sup> Sunday.  
For St. John, choose a 2<sup>nd</sup> or 4<sup>th</sup> Sunday.*

**Name of Child:** \_\_\_\_\_  
Last Name First Name Middle Name

**Date of Child's Birth:** \_\_\_\_\_ **Place (city, state):** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
Last Name First Name Middle

**Mother:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
Current Last Name First Name Middle

**Mother's Maiden Name:** \_\_\_\_\_  
*Note: Baptismal records reflect the parents' names at birth.*  
Last Name at birth First Name at birth Middle Name at birth

**Were you married in the Catholic Church** (or with the permission of the Church to marry in another denomination?) \_\_\_ Yes \_\_\_ No

**Date of Marriage:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

*At least one Sponsor/Godparent is required to be a practicing Catholic. The other Sponsor may be a Christian Witness if they are a baptized non-Catholic Christian. The Catholic Godparent must be 16 years of age, Confirmed, and a practicing Catholic.*

*For Parish Office Use:*  Confirmed with Pastoral Associate  First Baptism - prep scheduled: \_\_\_\_\_  
 Added to online schedule  Paperwork complete  Information added to ParishSoft  Certificate printed

Notes:

**Celebrant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recorded in Sacramental Book  Recording noted and sacrament complete in ParishSoft