



BAPTISM APPLICATION

CHILD'S NAME: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____
FATHER'S NAME: _____
MOTHER'S NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

Father's Religion: **CATHOLIC** Origen: _____
Mother's Religion: **CATHOLIC** Origen: _____

Parent's Marital Status

SINGLE **DIVORCE** **CIVIL MARRIED ONLY** **CHURCH MARRIED**

GODFATHER'S NAME: _____
GODMOTHER'S NAME: _____

PRE-BAUTISMAL CLASS DATE: _____ TIME: _____

PLACE: 3CER. LEVEL MADONNA QUEEN SHRINE PARKING: GLANDSTONE ST

BAPTISMAL CEREMONY: _____ TIME: _____

PLACE: CRIPTA MADONNA QUEEN SHRINE PARKING: GLANDSTONE ST



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