

Infant Baptism Request Form

St Julia Parish of Weston/Lincoln 374 Boston Post Road, Weston, MA 02493 (781) 899-2611 Please return to the Parish Office at director.of.ministries@stjulia.org or by postal mail.

First (Middle) Last Name of Child:	
Date of Birth:	Place of birth:
Sex of the child: M F Was	the child adopted? Yes No
Is this your first child to be baptized?	Yes No Was the child privately baptized? Yes No
Proposed date(s) for Baptism:	
Baptisms are celebrated once a month	n at 1:00pm (usually the 2nd Sunday) in St. Julia Church.
<u>Parents</u>	
Father's First and Last Name	Religion
Mother's First and Maiden Name	Religion
Telephone (home and/or cell)	Email:
St. Julia Parish encompasses Weston a obtain a note of permission from the p Are parents registered in St. Julia Pari Were parents married by a Roman Ca <u>Godparents</u> Godparents must be practicing, Confirm non-Catholic Christian may participate	d ordinarily be celebrated in a church of the parish in which one resides. Ind Lincoln. If you do not reside within St. Julia Parish, you may need to pastor of the parish where you reside.
Godmother's Name	Religion
Is either Godparent represented by P	
	Office Use Only
Confirmed Date of Baptism:	Presider: