



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 parish@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 at 1:00pm (usually the 2nd Sunday) in St. Julia Church.

Parents

Father's First and Last Name _____ Religion _____

Mother's First and Maiden Name _____ Religion _____

Telephone (home and/or cell) _____ Email: _____

Current Home Address _____

In the Catholic Church, Baptisms should ordinarily be celebrated in a church of the parish in which one resides. St. Julia Parish encompasses Weston and Lincoln. If you do not reside within St. Julia Parish, you may need to obtain a note of permission from the pastor of the parish where you reside.

Are parents registered in St. Julia Parish? Yes____ No____

Were parents married by a Roman Catholic Priest/Deacon? Yes____ No____

Godparents

Godparents must be practicing, Confirmed Catholics over the age of 16. Only one godparent is required. One non-Catholic Christian may participate as a Christian witness to the baptism in addition to a Catholic godparent.

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

Is either Godparent represented by Proxy (name)? Yes____ No____

On the occasion of the Baptism, it is customary for the family to make a donation to St Julia Parish.

-----Office Use Only-----

Confirmed Date of Baptism: _____ Presider: _____