



St. Sebastian Parish

476 MULL AVENUE * AKRON, OHIO 44320-1299 * 330.836.2233 * www.stsebastian.org

BAPTISM REQUEST FORM

Today's Date _____

Baptism Coordinators – 330-836-2233
Cathy Sivec Ext. 107, sivecc@stsebastian.org

Child's Name _____
(first, middle, last) No Initial

Date of Birth _____ City/ State of Birth _____

Father's Name _____ Religion _____
(first, middle, last) No Initial

Mother's Name _____ Religion _____
(first, middle, **Maiden**) No Initial

Home Ph. _____ Work Ph. _____ Cell Ph. _____

Address _____

Registered members at St. Sebastian Parish? _____ Marriage recognized by Catholic Church? _____
Where? Church _____ City _____

Father has Received: Baptism _____ Eucharist _____ Confirmation _____

Mother has Received: Baptism _____ Eucharist _____ Confirmation _____

Godfather _____ Religion/Parish _____
(first and last only) Sponsor Form Received _____

Godmother _____ Religion/Parish _____
(first and last only) Sponsor Form Received _____

I would like to receive notification of St. Sebastian Family Events

Staff Member will fill out the section below:

Completed Baptism Formation Session _____

Date for Baptism _____

Celebrant _____

Scheduled in Mass Book _____

ACS _____

Baptism Book _____

Bulletin _____

Card _____

Our Mother's Hands _____

Foundation _____