



BAPTISM REGISTRATION

St. Ambrose Cathedral

607 High Street | Des Moines, IA 50309 | 515-288-7411

Return form to our parish office or email to secretary@saintambrosecathedral.org

CHILD INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Male _____ Female _____ Date of Birth _____ Place of Birth (city/state) _____

Home Address: _____ Apt _____ City _____ Zip _____

Is this your first child to be baptized? YES NO

If YES, we will set up an appointment for you to meet with a priest or deacon for baptism preparation.

FATHER

First Name: _____ Middle Name: _____ Last Name: _____

Cell Phone: _____ Email Address: _____ Religion: _____

MOTHER

First Name: _____ Middle Name: _____ MAIDEN Name: _____

Cell Phone: _____ Email Address: _____ Religion: _____

Are you registered parishioners at St. Ambrose Cathedral? YES NO

Note: If you are registered in another parish, we will need permission from your pastor to baptize your child in our parish.

If you would like to register for St. Ambrose, please fill out a "Join Our Parish" form.

GODPARENTS / SPONSORS

A person may have one or two godparents. If two are chosen, one must be male and the other female. At least one must be 16 years of age or older, be a confirmed Roman Catholic and living in harmony with the Catholic faith.

GODPARENT 1

Full Name (first, middle, last): _____

Is this godparent a Confirmed Catholic? YES NO If YES, what is their parish of registration? _____

GODPARENT 2

Full Name (first, middle, last): _____

Is this godparent a Confirmed Catholic? YES NO If YES, what is their parish of registration? _____

SCHEDULING

Baptisms are celebrated during or after the weekend Masses. Please list your two preferred dates and we will contact you to coordinate the official date and time.

First preferred date _____ Second preferred date _____