



St. Rose Parish

18010 St. Rose Road St. Rose, Illinois 62230

(618) 526-4118

Baptismal Request Form

Name of Person to be Baptized _____

Date of Birth _____

Place of Birth _____

Father's Name _____

Mother's (Maiden) Name _____

Name of Godmother _____

Name of Godfather _____

Preferred Date for Baptism _____

Preferred Time of Baptism
(Please Circle One)

During Mass

After Mass

Contact Name(s) _____

Telephone # _____

Viewing of a Baptismal Instructional video is required for the parents for the first child only.

Please contact the church secretary for more information.