



**OUR LADY OF REMEDIES PARISH
MALATE CATHOLIC CHURCH**
2000 M.H. del Pilar Street, Malate 1004 Manila
Tel. Nos. 8523-2593; 8400-5876 to 77

_____ Date of Baptism

BAPTISMAL CEREMONY (0 to 7yrs): Every Saturday & Sunday @ 11:00am**
(Communal Baptism only / no Solo Baptism). No schedules apart from the above **except when a child is in danger of death.**

****Please be PUNCTUAL. Fifteen minutes tardiness could mean that the Baptism would be re-scheduled on another date.**

REQUIREMENTS / STEP-BY-STEP PROCEDURE (Please read):

- 1) To register, the parent/s should submit to the Parish Office a **CERTIFIED TRUE COPY OF THE CHILD'S REGISTERED BIRTH CERTIFICATE** from City Hall or PSA – not later than 3 weeks before the date of Baptism (office hours: Tuesday-Saturday 8am-4pm).
- 2) Upon registration/submission, the parents will be given a schedule for **PRE-BAPTISMAL SEMINAR** on a Saturday at 2:00pm, 3 weeks before the date of Baptism. Both parents are required to attend.

FEES:

The celebration of the Sacrament of Baptism is for DONATION only; no fixed rates.

Envelopes will be provided on the day of Baptism. Donations may be dropped in the designated box in the Baptistry area.

Only the following will be charged (total P150.00):

- **Php 100.00** = for the Candle and Baptismal Bib
Note: Only 1 candle will be used at the ceremony and this will be provided by the church; parents don't need to buy small candles.
- **Php 50.00** = for 1st issuance of Baptismal Certificate

Kindly WRITE legibly

NAME OF CHILD: _____ **GENDER:** _____

DATE OF BIRTH: _____ **AGE:** _____

PRESENT ADDRESS OF PARENTS: _____

FATHER'S NAME: _____

Birthplace: _____ **Religion:** _____ **Contact No.:** _____

MOTHER'S MAIDEN NAME: _____

Birthplace: _____ **Religion:** _____ **Contact No.:** _____

MARRIAGE: CATHOLIC CIVIL NON-CATHOLIC NOT MARRIED

GODPARENTS (with Catholic Religion / maximum of 3 pairs only)

Godfather's Name: _____ Godmother's Name: _____

Address: _____ Address: _____

ADDITIONAL SPONSORS

1.	3.
2.	4.

We hereby agree to abide by the guidelines set by Malate Catholic Church as stated in this application form.
We, the undersigned, hereby certify that the above information given by us is true and correct.

Father's Printed Name & Signature: _____

Mother's Printed Name & Signature: _____