



# Chevaliers de Notre Dame

SOVEREIGN MILITARY RELIGIOUS ORDER OF JERUSALEM

176 LAKE AVENUE † SAINT JAMES, NEW YORK  
584-5789

WWW.CATHOLICANSWER.ORG

E-MAIL: PRECEPTORY@CATHOLICANSWER.ORG

Baptism Date \_\_\_\_\_

Time \_\_\_\_\_

## Application for Baptism

The undersigned parents of an infant candidate do on his behalf petition the ecclesiastical authorities of **CHEVALIERS DE NOTRE DAME**, SOVEREIGN MILITARY RELIGIOUS ORDER OF JERUSALEM requesting the Sacrament of Baptism, under the Religious Authority of the Old Catholic Church (Utrecht), The Holy Roman Catholic Church (Great Britain) and The Catholic Apostolic Church (Brazil) and the Orthodox Catholic Church of America..

### **Petitioner's Statement.**

As a petitioner for an ecclesiastical concernment, We agree to the tax-deductible non-refundable donation of \$300.00 (Three Hundred Dollars) which should be enclosed with the completed application. (Please make your cheque payable to Good Samaritan Charities) The cheque and all paperwork must be in our office at least 10 days prior to the Sacrament. The Priest delegated for the Sacrament will possess valid holy orders to administer the valid Catholic Sacrament of Holy Baptism. A certificate will be provided to the petitioner(s) attesting to the validity of the Sacrament.

### **BAPTISMAL INFORMATION**

Name of Candidate \_\_\_\_\_

Birthplace (Attach Copy of Birth Certificate) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Baptismal Name Selected (Saints Name) \_\_\_\_\_

Address of Parents \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Godmother \_\_\_\_\_ Religion \_\_\_\_\_

Godfather \_\_\_\_\_ Religion \_\_\_\_\_

Place of Baptism \_\_\_\_\_

**Directions:** (IF NOT IN CHAPEL) \_\_\_\_\_

\_\_\_\_\_