

St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

Baptism Proxy Form

Name of Child to be Baptized: _____

Name of Proxy: _____

Name of Godparent/Christian Witness who Cannot Attend: _____

Proxy Testament:

I understand that I am acting as a substitute for a Godparent/Christian Witness who is unable to attend the actual baptism.

Proxy's Signature: _____ Date: _____