## **Inquiry Concerning Validity of Baptism**

Date:	,	Intake Form	
Full name: First	Middle	Last	Maiden Name
Address: Street		City, State	
Email		_ Cell phone number:	
Name of current parish City and State of curren	nt parish		
Name of the Church of City and State of Churc	Baptism h of Baptism		_
Why do you believe you	ur Baptism was no	ot valid?	
What proof do you have video W			
Name of the Priest / De	acon that perform	ned the Baptism?	
Witness #1 Name:			
Witness address, City a			
Email: Relationship of witness	to the inquirer? _	Cell phone numb	oer:
Witness #2 Name:			
Witness address, City a	and State		
Email: Relationship of witness	to inquirer?	Cell phone numb	per:
<u>If applicable</u> : Name of the Church red	ceived First Holy (	Communion mmunion	
		of Confirmation	
-			
		Matrimony	
Date of wedding cerem	ony	у	
Are you still married to	your spouse?	If not, are you divor	

## DIOCESE OF DES MOINES

Diocesan Intake	Date	Ву	Notes
Received by Diocese			
Diocese contacted			
Inquirer			
Evidence Received			
Evidence Reviewed			
Decision			
Notification to Inquirer			
Notification to Church			
(and diocese) of			
baptism			
Notification to current			
Pastor			