



**Catholic Family  
Life Insurance**

# GUARDIAN ANGEL PROGRAM

In keeping with the Catholic mission of Catholic Family Life Insurance, the Guardian Angel Society was developed to help share the power of prayer with those just beginning both their corporal and spiritual lives.

## FOR THE CHILD

This fraternal benefit, provided as a memento of a child's Baptism, offers a beautiful keepsake certificate, suitable for framing, depicting three angels visiting the Blessed Mother and the Christ Child in a garden. The certificate features the child's name and date of Baptism. Upon enrollment in the Guardian Angel Society, the child's name will be added to CFLI's prayer network.

This benefit is provided **free of charge** to:

- a) policyholders who are being baptized, or
- b) policyholders who are parents or grandparents of non-members being baptized.

To receive this certificate, please provide the information requested below.

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Exact Date of Baptism \_\_\_\_\_

Parents' name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Policyholder (if not the parent or child) \_\_\_\_\_

Address of Policyholder \_\_\_\_\_

Policyholder's relationship to child: \_\_\_\_\_ Policy # \_\_\_\_\_

*Because the certificates are personalized with the name of each child, along with the date of the Baptism, please complete a separate sheet for each child. The certificate will be mailed to the policyholder unless otherwise noted on this application. **Relatives other than parents or grandparents may order enrollments at \$3.00 each. Please make checks payable to "Catholic Family Life Insurance" and allow six weeks for delivery after submission of this completed form.***

## TO JOIN THE PRAYER NETWORK

Those who would like to pray for the health and spiritual development of our youngest members may join the prayer network. As a member of the network, you will periodically receive list of children for whom you should pray.

To join the network, please provide the information requested below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Send the completed form to:

**Catholic Family Life Insurance  
The Fraternal Department  
Post Office Box 11563, Milwaukee, Wisconsin 53211-0563.**