St. James Catholic Parish
BAPTISM INFORMATION FORM

Name of Child: _____
First **Middle** **Last**

Child's Birthplace: _____ **Child's Date of Birth:** _____
City **State**

Full Address: _____
Street **City** **State** **Zip**

Phones - Home: _____ **Cell:** _____ **Work:** _____

Father's Name: _____

Religion of Father_____ Baptism_____ Communion _____ Confirmation_____

Mother's Name: _____ **MAIDEN name:** _____

Religion of Mother_____ Baptism_____ Communion _____ Confirmation_____

Church of marriage: _____ **Date:**_____

City: _____ **State** _____

Other siblings? Name Date of Birth Where Baptized

_____

_____

_____

Registered Parishioner: **Yes**_____ **Date of registration** _____ **No**_____

Godfather's Name: _____ **Catholic** _____ **Other**_____

Godmother's Name: _____ **Catholic** _____ **Other**_____

Is either Godparent a parishioner at St James? _____

Will either Godparent be represented by Proxy? _____

OFFICE USE:

INITIAL INTERVIEW: Date:_____ By: _____

Baptism: Circle one: During Mass **or** After Mass **Clergy:** _____

Day: _____ Date: _____ **Time:** _____

DATE OF BAPTISM CLASS _____

Submit

Rev: 10/15/2018