

St. Peter-St. James-St. Theresa

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 Peter-St James-St Theresa? _____

Will either Godparent be represented by Proxy? _____

OFFICE USE:

INITIAL INTERVIEW: Date: _____ By: _____

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

Day: _____ Date: _____ Time: _____

DATE OF BAPTISM CLASS _____

Rev: 08/25/2023