ALL SAINTS CATHOLIC CHURCH – Madison Lake

**Information Needed For Baptism**

Date requested for Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During Mass \_\_\_ After Mass \_\_\_

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Maiden)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Married)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people would you like spaces reserved for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Information: At least one Godparent needs to be a Confirmed Catholic.

Godfather’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed Catholic Y\_\_ N \_\_

Godmother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed Catholic Y\_\_ N \_\_

Are you a member of All Saints Parish? Y\_\_\_ N\_\_\_

Would you like to become a member of All Saints? Y\_\_\_ N\_\_\_

Please fill out and return this form to All Saints Parish Office – either by [asoffice@hickorytech.net](mailto:asoffice@hickorytech.net) or P.O. Box 217, Madison Lake, MN 56063. We will contact you to confirm date and details.