

# Church of Saint Andrew Parish Baptismal Information

Please submit a copy of the birth certificate with baptismal information.

Date of Baptism Prep Class \_\_\_\_\_

Are you registered at the Church of Saint Andrew? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive monthly envelopes & parish mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Parish and Location**

Date of Baptism \_\_\_\_\_ Priest or Deacon Name \_\_\_\_\_  
(To be filled in by the Parish Office)

Full Name of Child \_\_\_\_\_  
First Middle Last

Male or Female  
(Please circle)

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
First Middle Last

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Mother's Full **Maiden** Name \_\_\_\_\_  
First Middle **Maiden Name** Last

Present Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Godfather \_\_\_\_\_ Religion \_\_\_\_\_

Godmother \_\_\_\_\_ Religion \_\_\_\_\_

Was your child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, additional information will be needed.

Was your child privately baptized in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

- Baptisms are celebrated after the 5:00 PM Mass and 10:30 Mass the **second weekend** of each month.
- Baptisms should be scheduled **two weeks** in advance.
- Please dress the baby to be baptized in white.

Notes: