

Request for the Sacrament of Baptism

Date: _____ Intake by _____

Contact Person: _____ Phone # _____

Name of Child: _____

First

Middle

Last

Date of Birth: _____ City of Birth: _____

Was the child adopted? _____ Was the child privately baptized? _____

Father's Name: _____ Religion: _____

First

Middle

Last

Mother's Maiden Name: _____ Religion: _____

First

Middle

Last

Are the parents married? _____ Were they married by a Priest /Deacon? _____

Name of Priest / Deacon: _____

Contact information for Parents:

Phone # _____ Email: _____

Address: _____

God Father's Name: _____ Religion: _____

God Mother's Name: _____ Religion: _____

Notes/Remarks _____

*****For office use only*****

Baptism Class, date attended: _____

Baptism Date: _____ Time: _____ Celebrant: _____

Certificate provided; date given/mailed: _____

Baptism Recorded in Register, date: _____

By Whom: _____ Book # _____ Page # _____ Line # _____