

BAPTISM INFORMATION FORM

Child's Name: _____

Is your Child Adopted? YES / NO

Date-Birth: ____/____/____ Place Birth: _____

Father's Name: _____

Religion: _____ Freq.-Worshp: _____

Mother's

Name: _____

First

Maiden

Religion: _____ Freq.-Worshp: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Parents married in Catholic Church? YES / NO

Was the child previously baptized? YES / NO

If yes, where: _____

When: ____/____/____ Faith: _____

Parishioners? YES / NO Like to become parishioners? YES / NO

____ Gave registration form

Godfather's Name: _____

Is he Catholic? YES / NO Is he Confirmed? YES / NO

Godmother's Name: _____

Is she Catholic? YES / NO Is she Confirmed? YES / NO

Completion-Date of Baptism: ____/____/____

Time: _____ Place: _____

Priest/Deacon: _____

Record: ____ Record Book: page ____, # _____ Cert.

Sent ____ ParishSoft ____ In Bulletin

Updated 9/2014 par