

For Office Use Only:

___ ACS

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BAPTISMAL INFORMATION SHEET*Please return this form to the Parish Office ASAP before the scheduled Baptism date.*Full Name of Child _____ DOB: _____
First Middle Last

City/State of Birth _____

Family Address _____ Phone # _____

City _____ State _____ Zip _____

Email Address: _____

Father's Full Name _____
First Middle Last

Father's Religion _____ Church Affiliation _____

Mother's Full Name _____ (_____)
First Middle Last Maiden

Mother's Religion _____ Church Affiliation _____

In what Church were parents of this child married? _____

Were you married by a Catholic priest or Deacon? ___ Yes ___ No.

(City & State) _____

Godfather _____ Catholic? ___ Yes ___ No - Christian witness

Godmother _____ Catholic? ___ Yes ___ No - Christian witness

At least one of the Godparents must be a baptized and confirmed, practicing Catholic.

Was the Child ever baptized in an emergency situation? _____

If yes, please explain:

Date of Baptism Preparation Class attended _____

Baptismal Catechist: _____

Date of Scheduled Baptism _____ Scheduled Mass/ time _____

Name of Priest: _____ Priest Signature: _____

Name of Deacon: _____ Deacon Signature: _____