

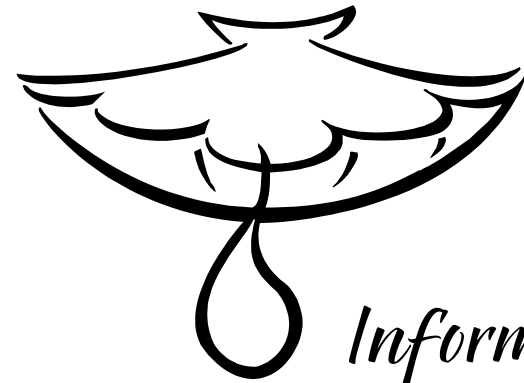
What do you want your child to know about God?

Please describe your family's religious practice:

Please describe your present involvement in St. Brendan:

Requested Baptism Date: _____

Requested Time _____



*Information
for Baptism*

St. Brendan Catholic Church

Phone (386) 441-1505

vorlando@stbrendanchurchormond.org

1000 Ocean Shore Boulevard

Ormond Beach, Florida 32176

Name of Child (exactly as it will appear in Church records)

First

Middle

Last

Date of Birth _____

Place of Birth _____

Residence _____

Telephone Number _____

EMAIL: _____

Father's Name _____

Religion of Father _____

Mother's Name _____

Mother's **Maiden** Name _____

Religion of Mother _____

Are parents married? _____

Were parents married by a priest? _____

Name of Godfather _____

Is Godfather Catholic? _____

Name of Godmother _____

Is Godmother Catholic? _____

Is either Godparent represented by proxy? _____

Name of Proxy _____

The following questions will help us to plan a preparation session that best meets your needs. Your answers will not affect your child's baptism.

What role has religion/the Church played in your life?

Why do you wish to have your child baptized?

(over)