

BAPTISMAL FORM

NAME	ETH	F/M	PLACE OF BIRTH	PLANNED DATE	FATHER'S NAME	REL	SPONSORS NAME	REL	VER	MINISTER
			DATE OF BIRTH	FOR BAPTISM	MOTHER'S MAIDEN	REL		REL	VER	

<u>ADDRESS:</u> _____ _____ <u>TEL:</u> () - _____ <u>E-mail:</u> _____	Married Y/N or Single Where Civil/Catholic Church Registered in Parish Y/N Birth Certificate Y/N N/A Note:	Baptism Class Date: . _____ Where: . _____ <u>COMPLETION OF BAPTISM</u> Date of Baptism . _____ Minister's Name, _____ Minister's Signoff . _____
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<u>DISTRIBUTION:</u> Dcn Felix _____ Team Mbr, _____ Barbi, _____ Recorded in Register . _____ Certificate Sent . _____ Follow Up . _____
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