

BAPTISMAL FORM

NAME <u>As on Birth Certificate</u>	ETH	F/M	PERSON'S <u>BIRTH</u>	PLANNED DATE/TIME FOR BAPTISM	FATHER'S NAME MOTHER'S MAIDEN	REL	SPONSORS NAME	REL	Confirmation VERIFIED	MINISTER
#1			PLACE OF BIRTH		FATHER	REL: Religion of Parents	REL: Religion			
			DATE OF BIRTH		MOTHER'S MAIDEN					
#2			PLACE OF BIRTH		FATHER					
			DATE OF BIRTH		MOTHER'S MAIDEN					

ADDRESS: _____ Married Y /N or Single

_____ Where Civil/Catholic Church

_____ Registered in Parish Y/N

TEL: () - _____ Birth Certificate Y/N N/A

E-mail: _____ Note: _____

Baptism Class Date: _____

Where: _____

COMPLETION OF THE BAPTISM

Date of Baptism _____

Minister's Name: _____ Minister's Signoff _____

DISTRIBUTION: Deacon Felix: _____ Team Mbr: _____ Carol: _____ Recorded in Register: _____ Certificate Sent: _____ Follow Up: _____