

Baptismal Information Request - PLEASE PRINT CLEARLY

Office Use:

Recorded in Book # _____ Page _____ Entry # _____

Date:

Child's Name:

Child's Date of Birth:

Male

Female

Place of Birth:

Father:

Religion:

Mother's *Birth* Name:

Religion:

Parents' Address:

Email Address:

Parents' Telephone Number:

Parents' Church of Marriage:

*>>>Please enter the names of the godparents **ONLY** if they are eligible to be godparents: God parents must be Catholic. There is only one Godparent needed, if you have two godparents, they must be one male and one female.*

Godparent's Name:

Godparent's Religion:

(see valid/invalid list of religions)

Godparent's Name:

Godparent's Religion:

(see valid/invalid list of religions)

Notes:

Baptism Preparation Session:

Attended

Date of Baptism:

Attended