

**THIS COMPLETED FORM IS DUE NO LATER THAN 2 WEEKS  
BEFORE THE BAPTISM**

**Baptismal Information**

**(PLEASE INCLUDE COPY OF BIRTH CERTIFICATE)**

Male /  
Female

Name of Child: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthplace City / State: \_\_\_\_\_

DOB: \_\_\_\_\_ FIRST CHILD: Yes No

Father: \_\_\_\_\_

Religion: \_\_\_\_\_

Mother: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Married: Yes / No \_\_\_\_\_

Married by Priest/Deacon \_\_\_\_\_ Minister \_\_\_\_\_

Notary \_\_\_\_\_ Other \_\_\_\_\_

Godfather: \_\_\_\_\_

Religion: \_\_\_\_\_

Godmother: \_\_\_\_\_

Religion: \_\_\_\_\_

Is either Godparent represented by a proxy? Yes/No \_\_\_\_\_

Name(s) of Proxy(ies) \_\_\_\_\_

Was child privately Baptized? Yes / No \_\_\_\_\_

Was child adopted? Yes / No \_\_\_\_\_

Date of class you will attend \_\_\_\_\_

Date of Proposed Baptism \_\_\_\_\_

Priest / Deacon \_\_\_\_\_

Office use only:	Baptismal Register:	_____
	Certificate Sent:	_____