

Date of Baptism: _____

M	<input type="checkbox"/>
F	<input type="checkbox"/>

Name of Person to be baptized (first, middle, last)

Date of Birth

Place of Birth (city & state)

Name of Father Catholic Y / N

Name of Mother (first and **maiden name**) Catholic Y / N

Place of Marriage (Church and City/State)

Parents' Address and Phone Number () -

Name of Godfather *** Catholic Y / N
If no, religion:

Name of Godmother *** Catholic Y / N
If no, religion:

Priest/Deacon scheduled to administer

*** Please see requirements for Godparents on website**

OFFICE USE Only:

Parish Envelope Number _____

Date of Baptismal Prep _____

Baptismal Prep Completed by _____

Sacrament Administered by _____