

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)

Catholic Y / N
Name of Father

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

Place of Marriage (Church and City/State)

() -
Parents' Address and Phone Number

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

Catholic Y / N
Name of Godmother *** 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 _____