

BAPTISM PRELIMINARY

Form must be filled out and sent back to the Parish Office at least two weeks before Baptism Date.

Date of Baptism _____ Time: 1:00 PM

Name of Child _____
First Middle Last

Please check Male Female

Date of Birth _____

Name of City and State where child was born _____
City State

At least one Godparent must be Catholic

Name of Godfather _____
First Middle Initial /Name Last

Catholic? Yes No

Name of Godmother _____
First Middle Initial /Name Last

Catholic? Yes No

Father's Legal Name _____
First Middle Initial/Name Last

Mother's Full Name _____
First Middle Initial/Name Maiden Name Last Name

Address _____

Phone Number: _____

Practicing Catholics? Yes No

Registered Members (receiving envelopes)? Yes No

Date of Marriage, Church or Place _____

Attended Baptism Preparation Class here on _____

Attended other _____ Year _____ Church _____

To be signed by the priest / deacon after Baptism:

Sacrament Administered by _____ Date _____

For Office Use Only:

Name emailed for Baptism Stole date _____ Initials _____