

BAPTISMAL INFORMATION

Child's Name _____
Last First Middle

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle Maiden

Address: _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Place of Birth _____
City State

Date of Baptism _____ Time of Mass _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

SPONSOR INFORMATION

(at least one godparent must be a confirmed, practicing Catholic)

Godparent #1 (Catholic) _____

Parish: _____
Name Address

Godparent #2 or Witness _____

Religion: _____ Parish or Church _____
Name Address

Date of Baptism Class: _____ Instructor: _____

Please return this information as early as possible prior to the scheduled baptism – thank you!
A monetary gift of \$10 at the time of baptism to the parish's "Works of Charity Account" is encouraged.