

BAPTISMAL INFORMATION

Please answer the following questions. **It is very important to return this information for the sacramental records,** without it your child will have a difficult time making future sacraments

FULL Name of Child: _____ Gender: _____
(Include Middle Name)

Date of Birth: _____ City of Birth: _____

Father's Name: _____

Father's Religion: _____ Do you practice your religion? _____

Mother's Name (**INCLUDE MAIDEN**): _____

Mother's Religion: _____ Do you practice your religion? _____

Parent's Address: _____

Parent's Phone: _____ Parent's Email: _____

Are the parents registered in the Parish?: _____ If No, do parents wish to register? _____
(If you were raised in our Parish, please make sure you registered as an adult after you left home/married)

Are the parents married? _____

Do the parents have a church recognized marriage? _____

Godfather's Name: _____

Godfather's Religion: _____

Is the Godfather represented by a proxy? _____ If so, who? _____

Godmother's Name: _____

Godmother's Religion: _____

Is the Godmother represented by a proxy? _____ If so, who? _____

Was the child adopted? _____

Was the child baptized in an emergency situation? _____ If so, where? _____

Date: _____ Who performed the emergency baptism? _____

Date of Baptism Instructions parents attended: _____

Date of Baptism: _____

Name of priest/deacon doing the baptism: _____

Donation amount to the Church: _____