



Baptism Information

Please provide all information. Once completed, submit this document to our Church office. Thank you.

Today's Date: _____

Name of Child: _____

Name of Father: _____

Name of Mother: _____

Date of Birth: _____

Place of Birth: _____

Religion of Father: _____

Mother: _____

Married in the Catholic Church?: Yes _____ No _____

Other: _____

Do you attend Mass every Sunday? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Godfather: _____

Catholic?: Yes _____ No _____

Confirmed? Yes _____ No _____

Godmother: _____

Catholic?: Yes _____ No _____

Confirmed? Yes _____ No _____