

Full Name of the Child: _____

Date of Birth: _____ City of Birth: _____

Full Name of Child's Father: _____

Religion of Child's Father: _____

Full Maiden Name of Child's Mother: _____

Religion of Child's Mother: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Are the parents married according to the Laws of the Catholic Church? _____

What Catholic Church do(es) the Catholic parent(s) attend? _____

What City is that Church in? _____

Full Name of the Godfather: _____

Note: Godparents must be practicing, confirmed Catholics, and a least 16 years of age.

His Religion: _____ His Age: _____ Confirmed: Yes No (circle)

What Church does Godfather attend? _____

What City is that Church in? _____

Full Name of the Godmother: (Miss) (Mrs.) _____

Her Religion: _____ Her Age: _____ Confirmed: Yes No (circle)

What Church does Godmother attend? _____

What city is that Church in? _____

What date do you wish to have your child Baptized? _____

Has the baby received emergency Baptism in the hospital? _____

What date did Parents attend the Baptismal Seminar: _____

Where? _____ (Produce certificate if not at St. John)

What date did Godparents attend the Baptismal Seminar? _____

Where? _____ (Produce certificate if not at St. John)

Do the Parents receive the parish bulletin? _____

Note: Please make sure you check with the Church office before settling on any dates or times for Baptisms.