

BAPTISMAL INFORMATION FORM

NAME OF CHILD _____
(exactly as recorded on birth certificate)

DATE OF BIRTH _____

PLACE OF BIRTH (CITY ONLY) _____

FATHER'S NAME _____
(exactly as recorded on birth certificate)

RELIGION OF FATHER _____

MOTHER'S NAME _____
(including maiden name – exactly as recorded on birth certificate)

RELIGION OF MOTHER _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME OF GODPARENT _____

RELIGION OF GODPARENT _____

NAME OF GODPARENT _____

RELIGION OF GODPARENT _____

WERE PARENTS MARRIED IN THE CATHOLIC CHURCH? _____

HOW OFTEN DO PARENTS ATTEND CHURCH _____

PROPOSED DATE OF BAPTISM _____

PERMISSION OF PASTOR IF THEY ARE COMING FROM ELSEWHERE _____

QUESTIONS FOR DONNA AND MAUREEN TO ASK

BAPTISMAL PREP NOT NECESSARY IF OTHER CHILDREN BAPTIZED IN CATHOLIC CHURCH

ONE OF GODPARENTS MUST BE OVER THE AGE OF 16, ATTENDING CATHOLIC CHURCH, BEEN BAPTIZED AND CONFIRMED

ONE OF PARENTS MUST BE CATHOLIC

ARE PARENTS MARRIED TO EACH OTHER?