



Date of Baptism: _____ Time: _____

Priest: _____

BAPTISMAL INFORMATION FORM

Family Name _____

Address _____ Postal Code _____

Phone: Home _____ Father's Work _____ Mother's Work _____

Email _____

Child's Full Name _____

Date of Birth Month _____ Day _____ Year _____

Place of Birth (City) _____

Father's Name _____

Mother's First Name & Maiden Name _____

Father's Religion _____ Mother's Religion _____

Parish where you normally worship _____

Were you married in the Roman Catholic Church? Yes No

If so, name of Church where married _____

If not, were you married in another Christian Tradition? Yes No

Or, were you married in a Civil Ceremony? Yes No

(Godparent must be Roman Catholic and only one is necessary.)

Name of Godfather _____ Religion _____

Name of Godmother _____ Religion _____

NOTE: (a) Confirm the date of baptism with the priest.
(b) Please be on time.
(c) The Diocese recommends a stipend of \$50 as an offering to the Church...at your discretion.

OFFICE USE
Stipend Rec:
\$ _____