

BAPTISMAL INFORMATION FORM

(Please use full names, no initials please)

Child Information

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____
(City and State)

Adopted: Yes No

Parent Information

Father's Name: _____
(First) (Middle) (Last)

Father's Religion: _____

Mother's Name: _____
(First) (Middle) (Maiden Name)

Mother's Religion: _____

Address: _____
(Street) (Town) (State) (Zip Code)

Telephone: _____ Registered Parishioner: Yes No
Parish: _____

Married before a Catholic Priest: _____
(Name of Priest) (Parish Name) (City and State)

Date of Marriage: _____

Godparent Information

Godfather: _____
(First) (Middle) (Last)

Catholic: Yes No If yes, does he practice his Catholic faith? Yes No

Godmother: _____
(First) (Middle) (Last)

Catholic: Yes No If yes, does she practice her Catholic faith? Yes No

Dates

(Office Use Only)

Interviewed: _____ Fr. Campoli Msgr. Yargeau Laurie Tilton

Instruction Dates: _____

Baptism Date: _____ Time: _____ Parish: _____

Baptismal Register: _____ Parish Census: _____