

Today's Date: _____

Primary Contact Name: _____

Primary Phone No: _____ Cell? _____

Secondary Phone: _____ Cell? _____

Mailing Address: _____

City, State, ZIP: _____

E-Mail: _____

Requested Baptism Date(s): _____

Full Legal Name of Candidate: _____

Date of Birth: _____ Male _____ Female _____

City/State of Birth: _____

Father's Full Name: _____

Catholic: Yes _____ No _____

Mother's Full Legal Name: _____

Mother's Full Maiden Name: _____

Catholic: Yes _____ No _____

Are the child's parents married? Yes No

Were the child's parents married in the Catholic Church? Yes No

Is this your first child? Yes No

Godparent Names _____ Catholic? _____

(if unknown, leave blank) _____ Catholic? _____

** All godparents/witnesses must be baptized Christians*

For Office Use Only

Date Received: _____ ID#: _____

Date of Baptism: _____

Letter Sent: _____ Brochure Sent: _____

Preparation Completed? Yes _____ No _____

Godparent Letter Requested: Yes _____ No _____

Received: Yes _____ No _____

Fr. _____