

Today's Date: _____

Primary Contact Name: _____

Primary Phone No: _____ Cell? _____

Secondary Phone: _____ Cell? _____

Address: _____

City, Zip: _____

E-Mail: _____

Requested Baptism Date: _____

Full Legal Name of Candidate:

Date of Birth: _____ Male _____ Female _____

Place of Birth: _____

Father's Full Name: _____

Catholic: Yes _____ No _____

Mother's Full Legal Name: _____

Mother's 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 _____

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. _____