



Baptismal Form

Parent Information

Name of Child: _____ Age: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____ Gender: _____

Father's Name: _____
First Middle Last

Address: _____
Address City State Zip Code

City and State of Birth: _____ Phone: _____ Email: _____

Present religious affiliation? _____ Name of church you are Registered: _____

How long have you been registered? _____ Do you attend every Sunday? Yes / No / Sometimes

Marital Status: Single / Married Married in the Catholic Church? Yes / No Date: _____

If Yes, Name of Church where you were married: _____

City and State of Church: _____

If Catholic please indicate Sacraments: Baptized Yes / No Eucharist Yes / No Confirmation Yes / No

Date Baptismal Seminar Attended: _____ Location: _____

Mother's Name: _____
First Middle Last MAIDEN

Address: _____
Address City State Zip Code

City and State of Birth: _____ Phone: _____ Email: _____

Present religious affiliation? _____ Name of church you are Registered: _____

How long have you been registered? _____ Do you attend every Sunday? Yes / No / Sometimes

Marital Status: Single / Married Married in the Catholic Church? Yes / No Date: _____

If Yes, Name of Church where you were married: _____

City and State of Church: _____

If Catholic please indicate Sacraments: Baptized Yes / No Eucharist Yes / No Confirmation Yes / No

Date Baptismal Seminar Attended: _____ Location: _____