

Day Time Phone Number: _____ Evening #: _____ Mobile #: _____

Please complete **ALL** items below. Please **PRINT** legibly or type. This information will be recorded in the sacramental records of the Church. It is very important that we have **middle names** as well as **maiden names** where indicated. (Please print legibly)

Baptism Date Requested: _____ Appointment with the Priest/date: _____

Child: _____

First Name	Middle Name	Last Name	
Date of Birth	Place of Birth (City & State)	Adopted?	Privately Baptized?

Parents: Was your marriage blessed by the Church? Yes _____ No _____ Church Name: _____

Father: _____

First Name	Middle Name	Last Name	
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E-mail: _____

Father's Religion	Name of Church	City/State	
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Mother: _____

First Name	Middle Name	Last Name	
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E-mail: _____

Mother's Maiden Name	Mother's Religion	Name of Church/City/State	
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Address: _____

Godparents: Will either Godparent be represented by Proxy? Yes _____ No _____

Godfather: _____

First Name	Middle Name	Last Name	
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Religion	Name of Church	City/State	
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Godmother _____

First Name	Middle Name	Last Name	
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Religion	Name of Church	City/State	
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For Office Use-----

Baptism Performed by: _____ Date of Baptism: _____