

Please Print Clearly

Date of Baptism (assigned by Priest) _____

Time of Baptism _____

ST. ANNE CATHOLIC CHURCH BAPTISM INFORMATION

***This questionnaire is to be filled out by the Catholic parent.
If both parents are Catholic, it should be filled out by both.***

Date of Baptismal Registration: ___/___/___ Baptismal Registration #: _____

Name of Child (to be baptized): _____
Last First Middle

Male Female Date of Birth: ___/___/___ City & State of Birth _____

Was child previously baptized? _____ Was child adopted? _____

Father's Name: _____ Religion _____
Last First Middle

Mother's Name: _____ Religion _____
Last First Middle

Mother's Maiden Name: _____ Phone #: _____

Address: _____
Number and Street Apt. No. City State Zip

In what church were parents married? _____

Godfather's Name: _____ Is he a practicing catholic? _____

Godmother's Name: _____ Is she a practicing catholic? _____

Is either Godparent represented by Proxy? Yes No Name _____

REMARKS:

We understand and agree that we must demonstrate an active commitment in the practice of our faith, as a condition for baptism at St. Anne Catholic Church.

Father _____ Mother _____ Date ___/___/___
Signature Signature

***** Please attach a photocopy of the child's Birth Certificate. *****