

PASTORATE 24



ST. ANN | ST. AUGUSTINE | HOLY MOTHER OF CONSOLATION | ST. JOSEPH | ST. PAUL

BAPTISM INFORMATION FOR SACRAMENTAL RECORD KEEPING

Today's Date _____

Baby's Name: _____

First Middle Last

Date of Birth: _____ Male or Female _____ Place of birth: _____
City State

Father's Name: _____ Religion: _____
First Middle Last

Mother's Name: _____ Religion: _____
First Middle Last Maiden Name

Address: Street _____ Cell Phone: _____
City _____ Cell Phone: _____

E-Mail Address: _____ Best way to reach you: TEXT / EMAIL / PHONE

Where are you a parishioner? ST. ANN | ST. AUGUSTINE | HMC | ST. JOSEPH | ST. PAUL | OTHER

Married? _____

Name and address of the place you were married: _____

Have you previously attended Baptismal Preparation Classes? YES / NO

Godparent 1: _____
First Middle Last

(Must be a practicing Catholic) Parish _____

Godparent 2: _____

Or Christian Witness First Middle Last
Religion _____ Church _____

Christian Witness: _____
First Middle Last
Religion _____ Church _____

OFFICE USE ONLY

Do the parents require Baptismal Prep? YES / NO

If 'Yes,' have the parents received the workbook and on-line access to the course?
YES / NO

Godparents/witness paperwork returned? YES / NO

Scheduled? YES / TBD

Date of the Rite: _____ Time: _____

Location: ST. ANN | ST. AUGUSTINE | HMC | ST. JOSEPH | ST. PAUL

Priest: _____