

BAPTISMAL INFORMATION

Please print clearly



Full Name: _____

Sex: _____ **Date of Birth:** _____

Place of Birth: _____

Father's full name:

Mother's full name:

(print as you wish your names to appear on certificate)

Phone(s): _____

Church affiliation: _____

Sponsors: (indicate if married)

Date of baptism: _____

Officiant: _____

Service: _____

**Please return this form to the Parish Administrator no less than
one week prior to the Baptism.**