

Date _____

BAPTISM

St. Mary, Monroe

Full name of child _____ Sex M F

Baptism date and time requested _____

Registered at St. Mary Yes No

If no, parish of membership _____ city, state _____

Father's name _____ religion _____

Mother's name (incl. maiden): _____ religion _____

Are parents married? Yes No If yes, married in the Catholic Church? Yes No

Address _____ city, state, zip _____

Phone _____ E-mail _____

Child's date of birth ____/____/____ Place of birth _____

Is this the first child for the parents? Y N If no, how long since last baptism? _____

1st Godparent _____ (include maiden name)
church of confirmation and date _____

2nd Godparent _____ (include maiden name)
church of confirmation and date _____

OR

Christian Witness _____ denomination _____

Was the child ever baptized previously in an emergency or privately? Yes No

Signature of minister at completion of baptism _____

--Over for notes--

BAPTISM

St. Mary, Monroe

NOTES:

Is a Baptism class needed? Yes No If yes, date of class _____

_____ Godparent(s) status verified

_____ Baptism class completed

Certificate prepared _____

Information taken by _____