



St. Patrick Parish

BAPTISMAL INTAKE FORM

THE DATE IS NOT CONFIRMED UNTIL THE FORM IS EMAILED TO:

Sr MaryRose: office@st-pats.org

ABOUT THE CHILD

_____ Child's Full Name	_____ Date of Birth	_____ Place of Birth (City, State)
___Yes ___No Was the child previously baptized?	___Yes ___No Parent's first child? If yes, a baptismal session is required.	

ABOUT THE PARENTS

_____ Father's Name	_____ Religion	
_____ Mother's Name	_____ Maiden Name	_____ Religion
_____ Address, City, State, Zip		
_____ Telephone	_____ Email	
_____ Place of Marriage, City, and State		

ABOUT THE GODPARENTS

We understand that at least one of the Godparents selected is a Catholic that must be:

- At least 16 years old.
- Fully initiated (received Baptism, Eucharist, and Confirmation).
- An active participant in their parish and attend mass regularly.

_____ Godfather's Name (First and Last)	_____ Religion
_____ Godmother's Name (First and Last)	_____ Religion
___Yes ___No Will either Godparent be represented by Proxy?	_____ Proxy Name (s)

PARISHIONER STATUS

___Yes ___No Are you registered parishioners at St. Patrick's?	___Yes ___No If not, would you like to become parishioners?
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Our signatures below certify that we have answered all the above questions completely and honestly. We understand that in asking our child to be baptized at St. Patrick's Church, we too actively practice our Catholic faith by attending Mass regularly.

_____ Parent Signature(s)	_____ Date
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Office Use Only:

Minister:	Date:	Time:	Baptism Class:	Registry #:	Registry Page:	Parish Soft:	Bulletin:
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