

Our Lady of Sorrows Catholic Church Capilla de Santísima Trinidad

Intake Form for Infant Baptism

Child's Information:

** The parish office will need a c	copy of your baby's official civil birth certificate **
Official Civil Birth Certificate Number:	Date:
Name of Child:	
Date of Birth:	Place of Birth:
Date of Baptism not scheduled u	ntil after the completion of baptismal preparation
Parents' Contact and Sacramental Informat	tion:
Father's Name:	
Mother's Name:	
** At least one parent must be a baptized	Catholic. If not, please contact office for Welcome Home **
Father's Baptism Place and Date:	
Mother's Baptism Place and Date:	
Parents' Marital Status: Catholic Church Ju	ustice of the Peace Cohabitating Common Law Separated
** At least one parent r	must be registered in a Catholic parish **
Name of Your Parish:	
** If not registered with a p	arish, you will be invited to join our parish **
Father's Phone:	Email:
Mailing Address:	
Mother's Phone:	Email:
Mailing Address:	



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Godparents' Contact and Sacramental Information:

Godfather's Name:				
Phone:		Email:		
Baptismal Date:	Confirmation: _		Communion:	
Marital Status: Place of Marriage in the Church:				
In good standing with the Chur	ch?	Letter Rec	ceived:	
Is the godfather registered?		Godfather's parish	:	
Godmother's Name:				
Phone:		Email:		
Baptismal Date:	Confirmation: _		Communion:	
Marital Status: Place of Marriage in the Church:				
In good standing with the Church? Letter Received:				
Is the godmother registered? _		Godmother's pari	ish:	
For Office Use Only:				
Small Group Sponsor Name:				
Phone:		Email:		
Small Group Sponsor Name:				
Phone:		Email:		
Small Group Meeting Place and Time:				
Small Group Study Guide Completed?				
Date of Baptism (Scheduled only after the completion of preparation):				