



INFORMATION FOR THE RECEPTION OF THE SACRAMENT OF BAPTISM

[Please complete this form and attached a copy of the child's Birth certificate]

Full Name of child: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
City State

Home Address: _____
Street City State Zip Code

Parents Marital Status: ☐ Sacramental Marriage ☐ Civil Marriage ☐ Separated/Divorces ☐ Single Parent

Full Name of Father: _____
First Middle Last

Phone: _____ Email Address: _____

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Full Name of Mother: _____
First Maiden Last

Phone: _____ Email Address: _____

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Registered at Queen of Apostles: ☐ YES ☐ NO If no, other parish?: _____

Godparents (Must be Roman Catholic who already received the Sacraments of Baptism, Eucharist and Confirmation)

Godfather: _____
First Middle Last

Godmother: _____
First Maiden Last

Name of proxies, if used: _____

For Parish Office Information Use

Date of Baptism: _____ Time: _____

Officiating Priest: _____ Date recorded in Baptismal

Date of Baptismal Catechesis attended: _____ Registry _____