

# BAPTISMAL INFORMATION

1. Office Copy  
2. Father's OK  
3. Baptism Class

(Today's date) \_\_\_\_\_  
ID#: \_\_\_\_\_

BABY'S NAME \_\_\_\_\_ M F  
(first) (middle) (last)

FATHER'S NAME \_\_\_\_\_ Catholic? Y N  
Sacraments: B E C

MOTHER'S MAIDEN NAME \_\_\_\_\_ Catholic? Y N  
Sacraments: B E C  
Husband & Wife? Y N Married in Catholic Church? Y N

ADDRESS \_\_\_\_\_  
City State

PHONE #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

PLACE OF CHILD'S BIRTH \_\_\_\_\_  
City State

DATE OF CHILD'S BIRTH \_\_\_\_\_

GODFATHER \_\_\_\_\_ Catholic? Y N  
Sacraments: B E C

PARISHIONER OF ST. CATHERINE ☐ OTHER \_\_\_\_\_

GODMOTHER \_\_\_\_\_ Catholic? Y N  
Sacraments: B E C

PARISHIONER OF ST. CATHERINE ☐ OTHER \_\_\_\_\_

Husband & Wife? Y N If yes, married in the Catholic Church? Y N  
(Required to be married in Catholic Church)

If non-parishioner, need pastor's letter/certificate of endorsement? Y N

DATE OF BAPTISM \_\_\_\_\_ Comments:

TIME OF BAPTISM \_\_\_\_\_

\_\_\_\_ Fr. \_\_\_\_\_ **Stole Fee** (courtesy) \_\_\_\_\_

\_\_\_\_ Deacon \_\_\_\_\_ **Notify:** A&E, Sacristan, Maint.,  
Deacons, Nita B., Cindy L. (Bibs)

\_\_\_\_ Notified family

\_\_\_\_ Call 1 week prior

\_\_\_\_ PDS

\_\_\_\_ PDS-B

\_\_\_\_ B Book

\_\_\_\_ Rolo

Needs Baptism Class? Y N

\_\_\_\_ Preparation Completed

\_\_\_\_  
*Instructor*