



CIRCLE OF SAINTS

CIRCULO DE SANTOS

ST. PATRICK, TAMA • ST. JOSEPH, CHELSEA • ST. MICHAEL, BELLE PLAINE

BAPTISM FORM

FAMILY INFORMATION

Family Last Name:

Parish *[check one]* ☐ St. Patrick ☐ St. Michael ☐ St. Joseph

Other _____

Father's Full Name *[first, middle, last]*

☐ Catholic
☐ Other

☐ Baptism
☐ Confirmed
☐ Attending Sunday Mass Weekly

Taken Baptism Class? *[within two years]*

☐ Yes ☐ No

Date Taken _____

Phone Number

Email

Mother's Full Name *[maiden name]*

☐ Catholic
☐ Other

☐ Baptism
☐ Confirmed
☐ Attending Sunday Mass Weekly

Taken Baptism Class? *[within two years]*

☐ Yes ☐ No

Date Taken _____

Phone Number

Email

Marital Status ☐ Married - Catholic ☐ Married - Civil ☐ Widow ☐ Unmarried

Address *[street, city, state, zip code]*

CHILD'S INFORMATION

Full Name *[first, middle, last]*

☐ Male ☐ Female

Date of Birth *[mm/dd/yyyy]*

Birthplace *[city & state]*

GODPARENT INFORMATION

☐ Sponsor ☐ Witness

Sponsor / Witness Name:

☐ Catholic ☐ Other

☐ Baptism ☐ Confirmed ☐ Married ☐ Attending Sunday Mass Weekly

Taken Baptism Class? *[within two years]*

☐ Yes ☐ No

Date Taken _____

☐ Sponsor ☐ Witness

Sponsor / Witness Name:

☐ Catholic ☐ Other

☐ Baptism ☐ Confirmed ☐ Married ☐ Attending Sunday Mass Weekly

Taken Baptism Class? *[within two years]*

☐ Yes ☐ No

Date Taken _____

PARISH OFFICE USE ONLY - BAPTISM INFORMATION

Date & Time

☐ St. Patrick ☐ St. Michael ☐ St. Joseph

Staff

Date