

Blessed Sacrament

Fr./Dcn. _____

Holy Trinity

BLESSED TRINITY BAPTISMAL INFORMATION FORM

Date _____

(Please use full names, no initials please)

Time _____

Child Information

Child's Name: _____
(First) (Full Middle Name) (Last)

Date of Birth: _____ Place of Birth: _____
(City and State)

Adopted: Yes No

Parent Information

Father's Name: _____
(First) (Full Middle Name) (Last)

Mother's Name: _____
(First) (Full Middle Name) (Maiden Name)

Father's Religion: _____ Mother's Religion: _____

Address: _____
(Street) (Town) (State) (Zip Code)

Telephone: _____ Registered Parishioner: Yes No

E-Mail: _____ Parish: _____

Married before a Catholic Priest: _____
(Name of Priest) (Parish Name)

(City and State)

Date of Marriage: _____

Godparent Information

Godfather: _____
(First) (Full Middle Name) (Last)

Catholic: Yes No If yes, does he practice his Catholic faith? Yes No

Godmother: _____
(First) (Full Middle Name) (Last)

Catholic: Yes No If yes, does she practice her Catholic faith? Yes No