

Infant Baptism Information Sheet 2016/17

Registered in Parish?
Yes No

Family (Last) Name _____ Phone _____

Street Address _____ City _____ Zip _____

e-mail _____

Full Name of Child to be Baptized (last, first, middle) _____ Male/Female _____

Place of Birth (City, State) _____ Date of Birth _____

Father's Name (last, first, middle) _____ Father's Religion _____

Mother's Maiden Name (last, first, middle) _____ Mother's Religion _____

Church where parents were married _____

City, State, Zip of Church _____

Name of person providing the above information _____ Date given _____

Please check of the ethnicity of the child to be Baptized

- | |
|--|
| <input type="checkbox"/> African American /Black/ African (including Ehtiopian & Eritrean) |
| <input type="checkbox"/> American Indian/ Native American/ Alaskan Native |
| <input type="checkbox"/> Asian (Japanese, Chinese) |
| <input type="checkbox"/> Caucasian/ White |
| <input type="checkbox"/> East Indian |
| <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Korean |
| <input type="checkbox"/> Pacific Islander (Samoan, Guamanian, etc.) |
| <input type="checkbox"/> Southeast Asian (Vietnamese, Hmong, Loa, Thai, etc.) |
| <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Both Parents of unknown race/ethnicity |

Age of child at time of Baptism:

Baptism Prep Date _____

Where? _____

Baptized by _____

Date of Baptism _____

Office use only: Registry Book _____ Computer _____ Certificate _____ Registration Card _____

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Sponsor #1- God Parent

Name (last, first and middle) _____

Address: Street _____

City _____ State _____ Zip _____

Sponsor's home parish (Name) _____

Location: (City) _____ (State) _____

Sponsor #2- God Parent or Christian Witness

Name (last, first and middle) _____

Address: Street _____

City _____ State _____ Zip _____

Sponsor's home parish (Name) _____

Location: (City) _____ (State) _____

Siblings of child being Baptized:

Last, First ,middle: _____ DOB: _____

Last, First ,middle: _____ DOB: _____

Last, First ,middle: _____ DOB: _____

Last, First ,middle: _____ DOB: _____

Last, First ,middle: _____ DOB: _____

Office use only: Registry Book _____ Computer _____ Certificate _____ Registration Card _____