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Infant Baptism Information Sheet 2017-18

_____ Registered in parish?
Family (Last) Name _____ Cell phone _____ YES NO

_____ e-mail address (please print)

_____ male/female
Full name of child to be Baptized (last, first, middle)

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

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

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

_____ Church where parents were married

_____ City, State where marriage took place

_____ Date given _____
Name of person above providing the information

Please check the ethnicity of the child to be Baptized

- African American/Black/African (including Ethiopian and Eritran)
- American Indian/Native American/Alaskan Native
- Asian (Japanese, Chinese)
- Caucasian/White
- East Indian
- Filipino
- Hispanic/Latino
- Korean
- Pacific Islander (Samoan, Guanainian)
- Southeast Asian (Vietnamese, Hmong, Lao, Thai, etc.
- Multi-racial
- Both Parents of Unknown race/ethnicity

Age of child at time of Baptism:

Baptism prep date _____
Where? _____
Baptized by _____
Date of Baptism _____
Complete back of form as well!

For office use only: Registry Book _____ Computer _____ Cert. _____ Reg. Card _____

ST. JOHN VIANNEY PARISH, KIRKLAND WA

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Sponsor #1- God Parent

Name (Last, First and Middle)

Address: Street _____

City: _____ St. _____ Zip: _____

Godparent's home parish _____

Religion of Godparent _____

Location of parish (City) _____ (State) _____

Sponsor #2- God Parent or Christian Witness

Name (Last, First and Middle)

Address: Street _____

City: _____ St. _____ Zip: _____

Godparent's home church (Name) _____

Religion of Godparent/Christian Witness: _____

Siblings of Child being Baptized:

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____

For office use only: Registry Book _____ Computer _____ Cert. _____ Reg. Card _____