

St. Andrew the Apostle Catholic Church Baptismal Information Form

PLEASE PRINT (this information will be used for your child's baptismal certificate so it must be legible)

Name of Child: _____ / _____ / _____
First Name Middle Name Last Name

Date of Birth: _____ Gender (circle): M / F Place of Birth: _____

Desired Date of Baptism: _____

Father's Name: _____

Father's Religion: _____ Date attended Baptism Class*: _____

Mother's Maiden Name: _____

Mother's Religion: _____ Date attended Baptism Class*: _____

Address: _____

Phone #1: _____ (husband/wife) Phone #2: _____ (husband/wife)

Email Address: _____

Registered in Parish (yes or no)? _____

Were Parents married by a Catholic Priest or Deacon, in the Catholic Church? _____

Name of intended Godfather: _____

Is the intended Godfather Catholic? _____

Is he a registered parishioner of St. Andrew the Apostle? _____

If yes, provide the date he attended the Baptism Class*: _____

Name of intended Godmother: _____

Is the intended Godmother Catholic? _____

Is she a registered parishioner of St. Andrew the Apostle? _____

If yes, provide the date she attended the Baptism Class*: _____

** Parents and godparents who are registered parishioners of St. Andrew the Apostle must attend a Baptism preparation class within the past two (2) years of the planned Baptism date. Godparents must meet all other sponsor eligibility requirements. Intended godparents from another parish must provide a sponsor eligibility letter prior to the date of Baptism. Christian witnesses must provide a copy of their baptismal certificate prior to the date of Baptism.*

Office Use Only

Rec'd _____ Entered in PS _____ Notated in BR on p. _____ Published in Bulletin _____