

BAPTISMAL INFORMATION FORM

Date & Time: _____

☐ **Most Holy Trinity Campus**☐ **Church of the Resurrection Campus**☐ **Our Lady of Fatima Campus**Child's Name: _____
First Middle Last

Address: _____ Email: _____

City/Zip: _____ Phone Number: Home: _____ Cell: _____

Child's Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Father's Name: _____

Father's Religion: _____

Mother's Name (including Maiden): _____
First Maiden Last

Mother's Religion: _____

Church & Place of Marriage (City): _____

Has the Birth Certificate been received and included? _____ Yes _____ No

Does the child live with both parents? _____ Yes _____ No

If no, do you have legal guardianship? _____ Yes _____ No

Has the child been previously baptized? _____ Yes _____ No

Is your child adopted or do you have legal guardianship? _____ Yes _____ No

Do both parents give consent to have your child baptized? Father (____ Yes ____ No) Mother (____ Yes ____ No)

Godfather's Name: _____

Religion: _____ Parish (& City): _____

Godmother's Name: _____

Religion: _____ Parish (& City): _____

OFFICE USE ONLY:

Have the parents previously attended a Pre-Baptismal Program? _____ Yes _____ No

If no, when are the parent(s) to attend the Pre-Baptismal Program Date: _____

If yes, date of Pre-Baptismal Program _____

Sponsor Certificates needed for Godfather: _____ Yes _____ No Godmother: _____ Yes _____ No

Received: _____ Yes _____ No Received _____ Yes _____ No

Date information was taken: _____

Person taking information: _____

Recorded in Baptismal Register by: _____ Page number and line recorded on: _____

Date Recorded in Baptismal Register: _____ Baptized by: _____