

PLEASE PRINT ALL INFORMATION

TO BE COMPLETED BY A PARENT OF THE CHILD

SACRISTY RECORD OF BAPTISM

Parish Family ID# _____

Baptismal Date _____ Time 12:15PM (other) _____

Name of Child _____ Sex _____ (M) (F)

Date of Birth _____ Place of Birth _____

Name of Father _____ Catholic _____ Non-Catholic _____

Name of Mother _____ Catholic _____ Non-Catholic _____

(include maiden name)

Address _____ City _____ State _____ Phone _____

Church of Marriage _____

**Name of God Father _____ Practical Catholic Y N

**Name of God Mother _____ Practical Catholic Y N

**Note: At least one Godparent has to be a confirmed, practicing Catholic

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INFORMATION FOR BAPTISMAL CERTIFICATE

(Please Print)

Child's Name _____ Date of Birth _____

City/State of Birth _____

Father's Name _____

Mother's Name (including maiden name) _____

Date of Baptism _____

**God Father Name _____

**God Mother Name _____

ADMINISTERED BY _____

PLEASE COMPLETE BOTH SECTIONS