BAPTISM DATA INTAKE FORM

Please download, complete the form, and email to ***cfitzsimmons@stroseshorthills.org***

Date of Baptism (Month, Day, Year) (leave blank until date is chosen) _____

Name of Child (First, Middle, Last, Suffix) _____

Child's Gender (Male, Female) _____

Child's Date of Birth (Month, Day, Year) _____

Child's Place of Birth (City, State) _____

First Child (Yes, No) _____ If no, how many other children? _____

Cell Phone Number (& Name) _____ Email _____

Complete Address (Street, Apt., City, State, Zip) _____

Father's Name (First, Last) _____

Religion of Father _____

Mother's Maiden Name (First, Last) _____

Religion of Mother _____

Are parents married (Yes, No)? ____ If yes, date of marriage_____

Church or Place of Marriage (Name, City, State) _____

Godfather's Name (First, Last) _____

Is Godfather Catholic (Yes, No)? _____ If no, what religion? _____

Godmother's Name (First, Last) _____

Is Godmother Catholic (Yes, No)? ____ If no, what religion? _____

Will either Godparent be represented by proxy (Yes, No)?____ If yes, list name (First, Last) and religion_____

Was the Child privately baptized (Yes, No)? ____ Was the Child adopted (Yes, No)? ____

Donation for the Sacrament of Baptism:

For Office Use Only:

___ Intake Form

___ Godfather Sponsor Form

___ Godfather Baptismal Certificate

___ Godmother Sponsor Form

___ Godmother Baptismal Certificate