

Baptism Date:

Celebrant

Last	First	Middle
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Address

Street	City	Postal Code
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Phone Number _____ E-Mail _____

Other contact phone numbers i.e. Cell, work

This child is Male or Female
(please circle one)

Father's Full Name

First	Middle	Last
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Religion_____

Church of Baptism (if applicable)

Church	City

Mother's Full Maiden Name

First	Middle	Last
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Religion

Church of Baptism (if applicable)

Church	City

Church of Marriage

Godfather

Religion

Godmother

Religion



Baptism Preparation Date Attended _____