

**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

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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 \_\_\_\_\_

**PLEASE COMPLETE BOTH SECTIONS**