

TODAY'S DATE \_\_\_\_\_

### BAPTISMAL FORM OUR LADY OF ANGELS CATHOLIC CHURCH

PLEASE PRINT CLEARLY. USE FULL CHRISTIAN/LEGAL NAME ANY TIME A NAME IS REQUIRED. THIS INFORMATION IS USED FOR PARISH AND DIOCESAN RECORDS AS WELL AS BAPTISM CERTIFICATES. PLEASE RETURN THIS FORM WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE. THANK YOU.

DATE OF BAPTISM (to be completed by office) \_\_\_\_\_

Name of Child: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ M/F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion: \_\_\_\_\_

Family Address: \_\_\_\_\_ Street \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital status: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Has this child ever been baptized before? \_\_\_\_\_ If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_ Baptism administered by \_\_\_\_\_

**GODPARENTS\*** \_\_\_\_\_ \*At least one godparent must be a practicing Catholic, initiated into the Church through Baptism, Confirmation, and Eucharist.

Godfather Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Religions: \_\_\_\_\_

\*Church/Parish Name \_\_\_\_\_

Godmother Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Religion: \_\_\_\_\_

\*Church/Parish affiliation \_\_\_\_\_

For Office Use Only. Staff Member, Please initial item you process. Thank You.			
Certificate Mailed	Book pg.	Birth Cert	Parent's Baptism Class
Godparent (1) Baptism Class	Godparent (1) letter	Godparent (2) Baptism Class	Godparent (2) letter