

BAPTISM INFORMATION

Child's Name - 1st _____ Middle _____ Last _____

Date of Birth _____ Place of Birth _____

Phone _____ Number of Other Children _____

Address _____

Father's Name _____ Religion _____

Mother's (Maiden Name) _____ Religion _____

God Father's Name _____ Religion _____

God Mother's Name _____ Religion _____

Date of Baptism _____ Mass Time _____

Number Of Quests _____ Reserve (Number of pews) _____

Celebrant _____

Pre-Baptism Session - Date _____ Leader _____

Candidates Other Than Children:

Are you also making your First Communion? _____ Yes _____ No

Are you being Confirmed? _____ Yes _____ No

Is Your Family Registered In St. Michael's Parish? _____ Yes _____ No

Is Your Family Registered In St. Francis's Parish? _____ Yes _____ No

This form should be returned to the Parish Office at least one month prior to baptism. If this is your first child to be baptized you need to attend a pre-baptism session. Please call the office to set the date for the session you will attend

THIS INFORMATION NEEDS TO BE ENTERED IN THE CENSUS