

Baptismal Questionnaire Form

(Please print clearly and check for correct spelling of names)

Today's Date _____ Dates requested for Baptism 1. _____
Parish _____ 2. _____
3. _____

Father's Full Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-mail _____

Father's Religion (Catholic, Lutheran, etc...) _____

Mother's *Maiden* Name (Last) _____ (First) _____ (Middle) _____

Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ (Work) _____ Cell _____

E-mail _____

Mother's Religion (Catholic, Lutheran, etc...) _____

1. Name of Child (Last) _____ (First) _____ (Middle) _____

Date of Birth _____ City and State _____

2. Name of Child (Last) _____ (First) _____ (Middle) _____

Date of Birth _____ City and State _____

Godparents' Info: There should be one male and one female sponsor/godparent. At least one of the two MUST be a practicing Catholic.

Godfather's Full Name _____ Religion _____

Parishioner of _____ City _____

Baptized at Sacred Heart, St Boniface, St Joseph – Amelia, St Joseph - Atkinson, St Patrick? Yes No

Godmother's Full Name _____ Religion _____

Parishioner of _____ City _____

Baptized at Sacred Heart, St Boniface, St Joseph – Amelia, St Joseph - Atkinson, St Patrick? Yes No

(Please ask where the godparents are parishioners. If they were baptized at one of the Western Holt/Boyd County Parishes or are active parishioners in one of these parishes, then no further info is needed. If they were baptized at a different church, they will need to supply us with a letter from their Pastor indicating that they are a practicing parishioner of the faith.)

Will Proxy (substitute) represent either Godparent? Yes No

Name of Proxy _____

Are the parents married? Yes No

By a Catholic Priest? Yes No

Are they registered in the parish? (Be sure to check the Parish Registry)
If they wish to be registered, fill out the church registration form. Yes No

In not, where are they registered?

Name of Parish _____

Address _____

City, State, Zip _____

Pastor's Name _____

Is this your first child? Yes No

Have you attended Baptismal Instruction? Yes No

Was the child baptized privately because of an emergency? Yes No

Was the child adopted? Yes No

_____ To be completed by Priest _____

Date of Baptism _____

Priest _____

Special Notes:

FOR OFFICE USE ONLY

Please write the date each item was completed, and then 3 hole punch & place in binder in Development Director's office. Thank you!

Written in Registry _____

Posted in Bulletin _____

Certificate Sent _____

Added to PDS System _____