

The Catholic Communities of South Eastern Allegany County
17 Maple Avenue, Wellsville NY
585-593-4834

Baptismal Information

FOR OFFICE USE ONLY:

Baptism Date: _____ Priest/Deacon Performing: _____

Recorded in Sacramental Register by _____ on _____ Day, of _____ 20__

CHILD TO BE BAPTIZED:

Child's Full Name: _____ Sex _____

Date of Birth: _____ Place of Birth: _____

Father's Name (First, Middle, Last): _____

Religion: _____

Mother's Name (First, Middle, Maiden): _____

Religion: _____

Address _____

Contact Phone Number: _____ Email Address: _____

Married? Yes/No If yes, where (place, city, state) _____

Current Church: _____

Church	City	State
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Godfather's Name/Christian Witness (First, Middle, Last): _____

Religion: _____ If Catholic-Confirmed? Yes/No Practicing? Yes/No

Name and Location of Current Church: _____

Name and Location of Baptism: _____

Godmother's Name/Christian Witness (First, Middle, Maiden, Last): _____

Religion: _____ If Catholic-Confirmed? Yes/No Practicing? Yes/No

Name and Location of Current Church: _____

Name and Location of Church of Baptism: _____

Office Use Only:

Baptism Class Required? Yes/No If no, reason _____

If yes, Date of Class _____ **with** _____

Letters of Godparent Verification received or information from Sacramental Records:

Godfather- Eligible? Yes/No Letter received or checked records? _____

God mother- Eligible? Yes/No Letter received or checked records? _____