For Office Use Only **Date of Baptism** _____

☐ Confirm Class Attendance ☐ Certificate ☐ Reminder Email ☐ Recorded in Book ☐ Entered to database

Baptismal Request and Information Form

Child to be Baptized:

Complete Legal Name _____ _____ _____
First *Middle* *Last*

Date of Birth _____ City & State of Birth _____

Father of Child:

Complete Legal Name _____ _____ _____
First *Middle* *Last*

Are you the birth father? Yes ☐ No ☐ Religion _____

Mother of Child:

Complete Legal Name _____ _____ _____
First *Middle* *Last*

Are you the birth mother? Yes ☐ No ☐

Religion _____ **Maiden Name** _____
Required for Sacramental Record

Contact Information:

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Godfather: Name _____ Religion _____

Godmother: Name _____ Religion _____

Baptism Preparation Class:

Date _____ Location _____

Are you registered parishioners at Holy Trinity? _____

If you answered 'no', would you like to join Holy Trinity? _____

Congratulations and blessings to you as you baptize your child!

Email completed form to Pat Linton – pat@h-t.org – or turn in to the parish office.