

Baptism

For Infants & Children Information Form

FOR OFFICE USE ONLY

Parents Attended class on: _____
Godparents attended class on: _____
Record entry: Vol. _____ Page _____
Date certificate was sent : _____
Other: _____

Date for Baptism: _____

Please print clearly: No Nicknames. Legal Names Only
This is for our Church's Permanent Records

Today's Date: _____

Child's Legal Name _____
First Middle Last

Male	Female
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Address _____
Street City State Zip Code

Phone: Home () _____ Cell () _____

Date of birth _____ City and State of birth _____
Month Day Year

Was the child adopted?

Yes	No
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 Are you registered at St. Justin Martyr Parish?

Yes	No
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Are the parents married?

Yes	No
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 Date of Marriage _____
Month Day Year

Were the parents married by a Catholic priest/deacon?

Yes	No
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If the parents were not married in the Catholic Church, please indicate the name of the place where married

Father's Legal Name _____
(No Nicknames) First Middle Last

Mother's Legal Name _____ Maiden Name _____
(No Nicknames) First Middle

Father's Religion _____ Mother's Religion _____

Godfather's Name _____ Godmother's Name _____
(No Nicknames) (No Nicknames)

Name of priest/deacon for the Baptism _____

Please attach Godparent/s Testimony of Eligibility with this form.