

OUR LADY OF THE SNOWS CATHOLIC CHURCH

P.O. Box 1650 / Sun Valley, ID / 83353 / 208-622-3432

BAPTISM INFORMATION FORM

AIMING TO BAPTIZE ON _____

TIME OF BAPTISM _____

DATE OF FIRST CONTACT WITH PARISH OFFICE _____

MOTHER'S NAME _____

RELIGION _____

FATHER'S NAME _____

RELIGION _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST/DEACON? _____

HAVE PARENTS HAD BAPTISM PREP BEFORE? _____

IF YES, WHEN AND WHERE? _____

PARENTS' ADDRESS _____

city state zip code

TELEPHONE _____

EMAIL _____

ARE PARENTS REGISTERED AT OUR LADY OF THE SNOWS? _____

WOULD PARENTS LIKE TO BE REGISTERED? _____

CHILD'S NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

CHILD'S BIRTH CERTIFICATE _____

Please see back of form

GODFATHER _____

RELIGION _____

WILL GODFATHER BE REPRESENTED BY PROXY? _____

GODMOTHER _____

RELIGION _____

WILL GODMOTHER BE REPRESENTED BY PROXY? _____

WERE GOD PARENTS MARRIED BY A CATHOLIC PRIEST/DEACON? _____

HAVE GODPARENTS HAD BAPTISM PREP BEFORE? _____

IF YES, WHEN AND WHERE? _____

CHRISTIAN WITNESS(ES):

1. _____ 2. _____

IF THE SACRAMENT IS GOING TO TAKE PLACE IN ANOTHER CHURCH

NAME OF CHURCH _____

ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

DATE OF BAPTISM _____

CONTACT PERSON _____