

ST. ALPHONSUS CHURCH BAPTISMAL FORM

TODAY'S DATE _____

REQUIREMENTS:

1. STATE BIRTH CERTIFICATE
2. AFTER THE CLASS HAS BEEN ATTENDED THE DATE OF THE BAPTISM IS SET IN THE RECTORY
3. \$75.00 DONATION FEE NON REFUNDABLE

ADDRESS _____

STREET	CITY	ZIP CODE
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Cell Phone #: _____ Home Phone #: _____

** ARE THE PARENTS MARRIED? YES, CIVIL YES, CHURCH NO **

GODFATHER'S NAME _____

FIRST	MIDDLE	LAST
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GODMOTHER'S NAME _____

FIRST	MIDDLE	LAST
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** ARE THE GODPARENTS MARRIED? NO YES, CHURCH **

SIGNATURE OF PARENT: _____

-----OFFICE USE ONLY-----

RECEIPT \$ 75.00 # _____

CLASS DATE _____ Classes parents/
Godparents _____

VOLUME _____ PAGE _____ NUMBER _____ PRIEST _____

DATE OF BAPTISM _____