



# Baptismal Questionnaire

## Box to be filled out by Pastorate staff

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Celebrant: \_\_\_\_\_

Date of class attended by Parents: : \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of class attended by Godparents: \_\_\_\_/\_\_\_\_/\_\_\_\_

Godparent's Certificate of Good Standing received:

Godfather: \_\_\_\_\_ - If non-Catholic, has baptism been verified? \_\_\_\_\_

Initial

Date

Initial

Godmother: \_\_\_\_\_ - If non-Catholic, has baptism been verified? \_\_\_\_\_

Initial

Date

Initial

Notes/Exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AFTER BAPTISM

Recorded in Baptismal Register: \_\_\_\_\_

Initial

Date