

# INFORMATION FOR BAPTISM

Please **PRINT** as you want this  
Information to appear on the  
Baptismal Certificate

Date of Baptism: \_\_\_\_\_  
Date of Class Attended: \_\_\_\_\_  
Birth Certificate Provided: \_\_\_\_\_

**PLEASE NOTE: A copy of the person to be baptized official birth certificate must be provided prior to baptism.**

Name of Person to be baptized: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year

Father's Full Name: \_\_\_\_\_  
First Middle Last

Religion: \_\_\_\_\_ Practicing: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
First Middle (NOT Maiden) Last Maiden

Religion: \_\_\_\_\_ Practicing: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Current Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Registered member of St. Wenceslaus Church? Yes \_\_\_\_\_ No \_\_\_\_\_ Where Registered? \_\_\_\_\_

Church or Place where married: \_\_\_\_\_

**ONE GODPARENT MUST BE A PRACTICING CONFIRMED CATHOLIC - THE NON CATHOLIC GODPARENT IS CONSIDER A CHRISTIAN WITNESS**

Name of Godfather: \_\_\_\_\_  
First Middle Last

Is he a practicing Catholic? Practicing: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Parish: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_  
First Middle Last

Is she a practicing Catholic? Practicing: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Parish: \_\_\_\_\_

Proxy (s) needed? Yes \_\_\_\_\_ No \_\_\_\_\_ Names \_\_\_\_\_

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Office use only Entered into Sacramental Book and data base: Bk \_\_\_\_\_ Pg \_\_\_\_\_ Ln \_\_\_\_\_

Date entered into baptismal record \_\_\_\_/\_\_\_\_/\_\_\_\_ Minister of Record: \_\_\_\_\_