



BAPTISMAL INFORMATION

Everyone Must Complete This From

IF YOUR CHILD WAS BAPTIZED SOMEWHERE OTHER THAN ST. LAWRENCE, A COPY OF THE BAPTISMAL CERTIFICATE IS NEEDED IN ADDITION TO THIS FORM.

CANDIDATE NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street number) (City) (Zip)

PHONE NUMBER: _____

FATHER'S NAME: _____
(Last) (First) (Middle) (Faith)

MOTHER'S NAME: _____
(Maiden) (First) (Middle) (Faith)

CHILD'S BIRTH: _____
(Date) (City) (State)

AGE AT CONFIRMATION _____

CHURCH OF BAPTISM _____
(Name of church & Catholic or other Christian tradition)

LOCATION OF CHURCH _____
(Street address)

(City) (State) (Zip code)

DATE OF BAPTISM/PROFESSION OF FAITH: _____

CONFIRMATION NAME: _____

SPONSOR'S NAME: _____

SPONSOR'S ADDRESS: _____
(Street address)

(City) (State) (Zip)

*****October 10, 2021*****