PLEASE PRINT PLEASE PRINT

## **INFANT BAPTISM INFORMATION CARD**

Full Name of Child					_
Date of Birth	City	State	Country		
Race/Ethnicity African Amer Caucasian/White East Pacific Islander (Samoan, Gua Multi-Racial Both pare	Indian Filipino manian, etc.) Sou	Hispanic/Latino utheast Asian (Vietnamese	Korean	_	
Full Name of Father					
Catholic Yes No Baptized 1 <sup>st</sup> Comm					
Full Name of Mother					_
Catholic Yes No Baptized 1 <sup>st</sup> Comm					
Sponsor(s):			Catholic	Yes	No
MALE Confirmed Y				. 00	
Sponsor(s):			Catholic	Yes	No
FEMALE Confirmed					
Proxie (s)					
Home Address		City	State	Zip	
Telephone Number		Cell Number			
Date of Baptism		Priest			
Lattend Mass at:					

PLEASE FILL OUT FORM AND ATTACH A COPY OF THE BIRTH CERTIFICATE FOR THE CHILD