

BAPTISMAL INFORMATION

Office Use Only	
Date Completed:	
_____	Baptismal Prep
_____	Godparent Form
_____	Certificate
_____	Bulletin
_____	Record Book
_____	Shelby
_____	Parish Soft

Date of Baptism: _____

Time: _____

Priest/Deacon: _____

Child's Name: _____
First Middle Last

Date of Birth: _____
Month/Day/Year

City & State of Birth: _____

Father's Name: _____
First Middle Last

Religion/Denomination: _____

Mother's Name: _____
First Middle Last Maiden Name

Religion/Denomination: _____

Parents Marital Status: ___Married ___Never Married ___Divorced ___Separated

(Note: At least once Godparent must be a confirmed practicing Catholic in good standing)

Godfather's Name: _____

Religion & Parish affiliation: _____

Godmother's Name: _____

Religion & Parish affiliation: _____

Child's primary address: _____

Phone number: _____



8510 Wornall Road
Kansas City, MO 64114
816.363.4888 Office
816.363.2315 Fax

www.ctkcmo.org

Godparent Eligibility Form

Date: _____

For the Baptism of (child's name) _____, son/daughter of
_____.

The following parishioner(s) _____

is/are in good standing at (name of parish) _____

By signing below, please verify that this/these individual(s) is/are practicing, baptized Catholics in good standing in your church, active participants in their faith, and have been confirmed and received the sacrament of Eucharist.

Date: _____

Signature of Pastor, Administrator, or Pastoral Associate

Print Name of Signee

Name of Parish

Mailing Address

City, State & Zip

We asked that the Godparent's church please return the completed and signed form to the address listed above. Please call Wendy at 816-363-4888 if you have any questions.