

Baptismal Information
St. Albert the Great Parish
2420 St. Albert Drive
Sun Prairie, WI 53590
Phone: (608) 837-3798, Fax: 837-8576

This form must be returned to the Parish at least 3 weeks prior to the Baptism.
To set the date of the baptism, please contact Joanna Rogers at 837-3798 or
Joanna@saintalberts.org

Child's Name: _____
(legal first name) (middle) (last)
Daughter _____ Son _____

Date of Birth: _____ **Place of Birth:** _____
City State

Date of Baptism: _____ **Time of Baptism:** _____

Father: _____
(legal first name) (middle) (last)
Religion: _____

Mother: _____
(legal first name) (middle) (**Maiden**) (last)
Religion: _____

Home Address: _____
City State Zip

Phone: _____ Email: _____

Are you a registered member of St. Albert's: ___ Yes ___ No

Godparent: _____ Religion: _____
(legal name)

Godparent: _____ Religion: _____
(legal name)

Comments:

(Office use only)

___ Parish Soft _____ Certificate _____ Presider: _____
___ CMS _____ Newsletter _____
___ Baptismal Ledger _____ Delores (Card) _____