



St. Augustine Catholic Church
428 W. 19th Avenue, Spokane, WA, 99203

Scheduled _____

BAPTISM WORKSHEET

Date of Phone Call/Initial Contact	
Person Baptized (First, Middle, Last)	
Date of Birth/Place of Birth	
Date for Baptism	
Father's Name (First, Last)	
Father's Religion	
Mother's Name (First, Maiden)	
Mother's Religion	
Members of Parish?	
Mailing Address	
Phone #	
Godparents (Catholic? Confirmed?)	

Prepared by: _____

Date of Baptism: _____

Minister of Sacrament(s): Fr. Brian Mee Deacon Scott Brockway
 Fr. Robert McNeese Deacon Allen Peterson

<p>For Office Use Only</p> <p><input type="checkbox"/> Certificate completed Date: _____</p> <p><input type="checkbox"/> Information in PDS Date: _____</p> <p><input type="checkbox"/> Baptism recorded Date: _____</p>	<p>For Celebrant</p> <p><input type="checkbox"/> Baptism administered</p> <p>By: _____</p>
--	---