

**ST. MARY OF THE PRESENTATION
BAPTISM DATA SHEET**

Please complete the following information and return to cre@stmarysuffolk.org or mail to Ann Sweet, St. Mary of the Presentation, 202 South Broad Street, Suffolk, VA 23434

FULL NAME OF CHILD _____

CHILD'S PLACE of BIRTH _____

CHILD'S DATE of BIRTH _____

FATHER'S FULL NAME _____

MOTHER'S FULL MAIDEN NAME _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER _____ **CELL** _____

E-MAIL ADDRESS _____

GODFATHER'S FULL NAME _____

IS THE GODFATHER A PRACTICING CATHOLIC? _____

GODMOTHER'S FULL NAME _____

IS THE GODMOTHER A PRACTICING CATHOLIC? _____

IS EITHER GODPARENT REPRESENTED BY PROXY? Yes _____ **NO** _____

If yes, who _____

WAS THE CHILD PREVIOUSLY or PRIVATELY BAPTIZED? YES _____ **NO** _____

WAS THE CHILD ADOPTED? YES _____ **NO** _____

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OFFICE USE:

BAPTISM PREPARATION CLASS _____ **DATE OF BAPTISM** _____

PRIEST _____