



# St. Monica Catholic Church

114 South 4<sup>th</sup> Street

Palatka, FL 32177

E-Mail: [office@stmonicacatholicchurch.com](mailto:office@stmonicacatholicchurch.com)

Phone: 386-325-9777

Fax: 386-329-1960

## Baptism Information

Please fill out all information requested below. This form will be entered into our registers which are permanent records. It is important that this information be accurate. Please print as clearly as possible.

Today's date: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State

Father's Name: \_\_\_\_\_  
Last First Middle

Mother's Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Religion of Mother: \_\_\_\_\_ Baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents Married? \_\_\_\_\_ Yes \_\_\_\_\_ No Father or Mother married more than once? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were the child's parents married before a Catholic Priest? \_\_\_\_\_ Yes \_\_\_\_\_ No

Priest's Name: \_\_\_\_\_ Church: \_\_\_\_\_ City, State: \_\_\_\_\_

God Father's Name: \_\_\_\_\_ Address, City, State: \_\_\_\_\_

God Mother's Name: \_\_\_\_\_ Address, City, State: \_\_\_\_\_

Either Godparent Represented by Proxy? \_\_\_\_\_ If so, Name of Proxy: \_\_\_\_\_

Parish where child will be Baptized: \_\_\_\_\_ City, State: \_\_\_\_\_

### OFFICE USE ONLY

Instructor's Name: \_\_\_\_\_ Approved by: \_\_\_\_\_

Baptized by: \_\_\_\_\_

Note: \_\_\_\_\_