☐ **Most Holy Trinity Church**
☐ **Our Lady of Fatima Church**

DATE OF BAPTISM:_____

BAPTISMAL INFORMATION FORM

TIME OF BAPTISM:_____

Child's Name: _____
First Middle Last

Address: _____

City/Zip: _____ **Phone Number: Home:** _____ **Cell:** _____

Child's Date of Birth: _____ **Place of Birth:** _____
Month Day Year City State

Father's Name:_____

Father's Religion: _____

Mother's Name (including Maiden): _____
First Maiden Last

Mother's Religion: _____

Church & Place of Marriage (City): _____

Has the Birth Certificate been received and included? ____ Yes ____ No

Does the child live with both parents? ____ Yes ____ No

If no, do you have legal guardianship? ____ Yes ____ No

Has the child been previously baptized? ____Yes ____ No

Is your child adopted or do you have legal guardianship? ____ Yes ____ No

Do both parents give consent to have your child baptized? Father (____ Yes ____ No) Mother (____ Yes ____ No)

Godfather's Name: _____

Religion: _____ **Parish (& City):** _____

Godmother's Name: _____

Religion: _____ **Parish (& City):**_____

Have the parents previously attended a Pre-Baptismal Program? _____Yes ____No

If no, when are the parent(s) to attend the Pre-Baptismal Program **Date:**_____
If yes, date of Pre-Baptismal Program_____

Sponsor Certificates needed for
Godfather: ____Yes ____No
Received: ____Yes ____No

Date information was taken:_____
Person taking information:_____

Sponsor Certificates needed for
Godmother: ____Yes ____No
Received: ____Yes ____No

Recorded in Baptismal Register by:_____ **Page number and line recorded on:**_____

Date Recorded in Baptismal Register:_____ **Baptized by:**_____