☐ Most Holy Trinity Church☐ Our Lady of Fatima Church			DATE OF BAPTISM:		
BAPTISMAL INFORMATION FORM			TIME OF B	APTISM:	
Child's Name:					
	First	Middle	Last		
Address:			Emai	1:	
City/Zip:		Phone Number:	Home:	Cell:	
Child's Date of Birth:	Month Day		Birth:City	State	
Father's Name:			,		
Father's Religion:					
Mother's Name (include	ding Maiden): First		Maiden	Last	
Mother's Religion:					
Church & Place of Man	rriage (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 pre	viously baptized?	Yes	No		
Is your child adopted o	or do you have legal gua	Yes	No		
Do both parents give c	onsent to have your chi	ld baptized? Fatl	ner (Yes No)	Mother (Yes No)	
Godfather's Name:					
Religion:	Parish	(& City):			
Godmother's Name:					
Religion:	Parish	(& City):			
Have the parents previ	iously attended a Pre-Ba	ptismal Program?	Yes	No	
If no, when are the parent(s) to attend the Pre-Baptismal Program If yes, date of Pre-Baptismal Program				ficates needed forYesNo	
	taken:		Sponsor Certif	ficates needed for	
	tion:		Godmother: Received:	YesNo	
Recorded in Baptismal Register by: Page no				recorded on:	
Date Recorded in Baptismal Register:			Baptized by:		