Most Holy Trinity 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:				
Eath only Name of		J	Year		City		State	
Father's Name:								
Father's Religion:								
Mother's Name (including Maiden): First Maid				Maider	en Last			
Mother's Religion:								
Church & Place of Mar	riage (City):							
Has the Birth Certificat	te been received	and inc	luded?		Yes	No		
Does the child live wit	h both parents?				Yes	No		
If no, do you h	ave legal guardi	anship?			Yes	No		
Has the child been previously baptized?					Yes	No		
Is your child adopted o	or do you have le	gal gua	rdiansh	nip?	Yes	No		
Do both parents give c	onsent to have y	our chil	d bapti	zed? Father (Yes No)	Mother (_ Yes No)	
Godfather's Name:								
Religion:								
Godmother's Name:								
Religion:		Parish	(& City	r):				
Have the parents previ	ously attended a	Pre-Ba	ptisma	l Program?	Yes	No		
If no, when are the par	ent(s) to attend (he Pre-I	Baptisn	nal Program	Date:			
If yes, date of Pre-Bapt	ismal Program_			<u></u>	Sponsor Certif Godfather: Received:	icates needed f Yes Yes	or No No	
Date information was					Sponsor Certif	icates needed f	or	
Person taking informat					Godmother: Received:	Yes Yes	No No	
Recorded in Baptismal	d in Baptismal Register by: Page number and line recorded on:							
Date Recorded in Bapt	ismal Register:_			Baptize	ed by:			