BASILICA
OF ST. MICHAEL
THE ARCHANGEL

BAPTISM INFORMATION FORM

Full name of child: _____

Date of birth: _____ Sex: Male ____ Female ____

City and State of Birth: _____

Father's Full Name: _____

Religion of Father: _____

Mother's Full Name: _____

Maiden Name: _____

Religion of Mother: _____

Address: _____

Email Address: _____

Telephone: _____

Are you a practicing Catholic? Father: Yes No Mother: Yes No

*Each Godparent needs to provide the *Godparent Eligibility Form*

Godfather Name and Address: _____

_____

Name of Church: _____

Godmother Name and Address: _____

_____

Name of Church: _____

For Office Use:

Date of Baptism Preparation Class _____

Preparation Class Facilitator _____

Date of Baptism _____ By _____

Date recorded _____ Page _____