Baptismal Form

Please select the church your family is a member of from the list below:

St. Mary's Catholic Church

Candidate's Full Name:

St. Patrick's Catholic Church

St. Cecilia's Catholic Church

Please fill out this form as completely as possible. The information will be used to record the sacrament in our church records that are sent to the Des Moines Diocese.

Address:					
City:			e: Zip	Zip Code:	
Email:		Phone:			
Date of Birth:		Place o	f Birth:		
Date of Baptism:					
Father's Name:			Father's Religion:		
Mother's Name:			Mother's Religion:		
Mother's Maiden Name:					
Were the parents married by a Cath	olic Priest	t? Yes	No		
Godfather's Name:			Catholic:	Yes	No
Godmother's Name:					No
Priest's Name:					
Trieses indine.					
	Fo	r Office U	Jse Only		
Recorded in the Sacrament Book:	Yes	No	Printed Baptismal Certificate	Yes	No
Vol			Recorded in ParishSoft:	Yes	No
Pg					
No					