



ST. PANCRATIUS CATHOLIC CHURCH

Priest: Date:

Book #: Time:

Baptism Request Form

CHILD NAME:

FIRST

MIDDLE

LAST

Address:

City: State: Zip:

Date of Birth: City/State of Birth:

Family Envelope Number:

FATHER INFORMATION mtg ☐ class ☐

Full Name:

FIRST

LAST

Phone Number: (.....).....

Email:

Religion:

If Catholic, a practicing Catholic?: Yes ☐ No ☐

MOTHER INFORMATION mtg ☐ class ☐

Full Maiden Name:

FIRST

LAST

Phone Number: (.....).....

Email:

Religion:

If Catholic, a practicing Catholic?: Yes ☐ No ☐

Place of Marriage: (Give Church and City)

GODFATHER INFORMATION mtg ☐ class ☐

Full Name:

FIRST

LAST

Phone Number: (.....).....

Email:

Confirmed: Yes ☐ No ☐

GODMOTHER INFORMATION mtg ☐ class ☐

Full Name:

FIRST

LAST

Phone Number: (.....).....

Email:

Confirmed: Yes ☐ No ☐

1. Was the child adopted? Yes ☐ No ☐

2. Was the child baptized at home, the hospital, or in an emergency? Yes ☐ No ☐

FOR OFFICE USE ONLY:

DATE LINK SENT:

PAID:

GODFATHER SACRAMENTS VERIFIED:

MEETING DATE:

LETTER:

GODMOTHER SACRAMENTS VERIFIED: