



# 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 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 ☐