

BAPTISMAL INFORMATION

Expectant Date: _____ Expectant Baptism Date: _____

Child's Name: _____
(First, Middle, Last)

Date of Birth: _____

Address: _____

Birth Place: _____

Parents' Phone: _____

PARENTS' INFORMATION

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Parents' Marriage Valid? Yes No Where? _____

Registered Members? Yes, When? _____ No, Where? _____

GODPARENTS' INFORMATION

Name: _____ Religion: _____

Practicing Faith? Yes No

Church Attending: St. Philip the Apostle Other: _____

Place and Date of Baptism _____

Place and Date of Confirmation _____

Godparent's Marriage Valid? Yes No

Church of Marriage: _____

Name: _____ Religion: _____

Practicing Faith? Yes No

Church Attending: St. Philip the Apostle Other: _____

Place and Date of Baptism _____

Place and Date of Confirmation _____

Godparent's Marriage Valid? Yes No

Church of Marriage: _____

*Parents and sponsors must attend a baptismal instruction class prior to the baptism.
Please check with the receptionist for the dates of these classes, 979-543-3770.*