INFORMATION FOR BAPTISM

****TWO MONTHS NOTICE MUST BE GIVEN** **PREFERRED DATE:** ________________

Baptisms take place on the second and fourth Sundays of each Month unless otherwise announced

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COMPLETE NAME OF CHILD ____________________________________ Sex: M / F

DATE OF BIRTH: _________________________ CITY: ________________________
M D Y

FATHER: ____ RELIGION: __________________

MOTHER: ____ RELIGION: __________________
(please put your full name with your maiden name)

HOME ADDRESS: ____

POSTAL CODE: ___________________ PHONE NUMBER: ______________________________

- -

CHURCH OF MARRIAGE: ______________________________ CITY: _______________________
(Name of Church)

DATE OF MARRIAGE: ______________________ CHURCH DENOMINATION: ________________
M D Y *(Religion)*

- -

GODPARENT: ____________________________ RELIGION: _____________________________

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(Only 2 Godparents are recorded on certificate -- One Godparent MUST be a practicing Catholic)

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