

BAPTISMAL RECORD INFORMATION

2025

PLEASE PRINT CLEARLY

Person to be Baptized: _____
First Middle Last Name

Date of Birth: _____

City of Birth: _____

Father’s Name: _____

Mother’s First and Maiden Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **e-mail** _____

Circle One **Married? Yes or No**

Place of Marriage: _____
Church Name or City Hall?

Godfather’s Name: _____

Catholic? _____

Godmother’s Name: _____

Catholic? _____
.....

Date of Baptism: _____ **Time:** _____

Baptized by: _____
.....

Baptism Prep Class: _____

Attended Class? Yes _____ No _____ Where? _____

Priest/ Deacon at Class: _____

(Baptismal candle available - \$5.00, outfit is not provided)