



## Holy Baptism Information Form

**Please return this form to the Parish Administrator**

Date of Application	
Name of Baptismal Candidate	
Age	
Sex	
Date of Birth	
Place of Birth	
Brief Biography	

Parent's Full Name		
Parent's Full Name		
Mother's Maiden Name		
Parent's Address		
Religious Affiliation		
Home Telephone		
Work Telephone	1. _____	2. _____
Email Address	1. _____	2. _____

Sponsors	1. _____
	2. _____
	3. _____

**To be completed by office**

Officiant		Date of Service	
Copy of form provided to:	<input type="checkbox"/> Pastor for Adult Ed <input type="checkbox"/> Parish Administrator <input type="checkbox"/> Membership Secretary		