

Information Form

Holy Baptism

DATE OF APPLICATION _____ 20__

FULL NAME _____ GENDER _____

RESIDENCE _____

FATHER'S FULL NAME _____

MOTHER'S MAIDEN NAME _____

PARENTS' RESIDENCE _____

PARENTS' TELEPHONE _____

OTHER CONTACT (IF REQUESTED BY OTHER RELATIVE)

NAME _____

TELEPHONE _____

RELIGIOUS AFFILIATION OF PARENTS _____

WITNESSES 1. _____

OR 2. _____

SPONSORS 3. _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF BAPTISM _____ HOUR _____

PLACE OF BAPTISM _____

OFFICIANT _____