

St. Andrew's Church

Baptism Information Form

*This information is needed to properly record your child's Baptism in the Baptismal Register.
The church of your child's Baptism will continue to record all your child's sacraments.*

Child's full name _____ M___ F___

Child's Date of Birth _____ Child's Place of Birth _____

Date of Baptism _____ Preferred Time _____

Date of Baptism Preparation Class (if necessary) _____

Primary Email _____

Father's Information

Name _____

Address _____

Phone number(s) _____

Religious Affiliation _____

Please check which Sacraments
you have received:

- Baptism
- Reconciliation/Penance
- First Holy Communion
- Confirmation
- Matrimony/Marriage

Mother's Information

Name _____

Maiden Name _____

Address _____

Phone number(s) _____

Religious Affiliation _____

Please check which Sacraments
you have received:

- Baptism
- Reconciliation/Penance
- First Holy Communion
- Confirmation
- Matrimony/Marriage

Godfather

Name _____

Religious Affiliation _____

Godmother

Name _____

Religious Affiliation _____

For office use only:

Date of Baptism _____

Priest/Deacon _____