

Date Baptismal Course Completed:
Ready to Schedule Baptism:

Baptismal Intake Form

Are you a registered member? Yes No

Child's Name (First, Middle, Last):
Date of Birth (Month, Day, Year):
Place of Birth (City, State):

Mother's Name:	Father's Name:
Phone Number(s):	Phone Number(s):
Email:	Email:
Mother's Maiden Name:	
Mother's Religion:	Father's Religion:
Home Address:	Home Address:

Godmother:	Godfather:
Religion:	Religion:
Proxy:	Proxy:

For Office Use Only	
Date of Baptism:	Celebrant:
Attending Mass: Yes No (circle option) 5:30pm 7:30am 9:30am 11:45pm	
Bring up Gifts: Yes No	Reserved Seating: Yes No
Certificate Created and Presented:	
Date Recorded in:	
Sacramental:	PDS: