

BAPTISM

Name of Child _____
(First) (Middle) (Last)

Sex M / F Date of Birth _____

Place of Birth _____

Father _____
(First) (Last)

Religion _____

Mother _____
(First) (Maiden) (Last)

Religion _____

Address _____
(Street) (City) (State)

Phone _____ Email _____

Administrative fee _____

Godparent Name _____

Religion _____

Godparent Name _____

Religion _____

Date/Time of Baptism _____

Number of places to reserve _____

Marital Status:

Married Single Divorced Separated Widowed

If single, are there plans to marry the other parent?

Yes / No

If single, divorced or separated, does the other parent know about the baptism?

Yes / No

If married, church/place (city & state) of marriage.

If married, has there been a previous marriage for either?

Yes / No

If yes, have annulments been granted for all previous marriages?

Yes / No

Do you consider yourself a practicing Catholic?

Yes / No

I attend church:

Always Often Infrequently Never

Please return this form
2 weeks prior to the Baptism to:
Megan Rodriguez
11 SW 4th Avenue
Rochester, MN 55902
(507) 288-7372, Extension 4518

For Office Use Only:

_____ Recorded in Baptismal Ledger
_____ Recorded in Parish Census
_____ Recorded in Bulletin
_____ Certificate prepared
_____ Copies made