

INFORMATION FOR BAPTISM

Please **PRINT** as you want this
Information to appear on the
Baptismal Certificate

Date of Baptism: _____

Date of Class Attended: _____

Name of Person to be baptized: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
Month Day Year

Father's Full Name: _____
First Middle Last

Religion: _____ Practicing: Yes _____ No _____

Mother's Full Name: _____
First Middle (NOT Maiden) Last Maiden

Religion: _____ Practicing: Yes _____ No _____

Parent's Current Address: _____

_____ Email: _____
City State Zip

Phone: (_____) _____ Cell Phone: (_____) _____

Registered member of Our Lady of the Lake? Yes _____ No _____ Where Registered? _____

Church or Place where married: _____

ONE GODPARENT MUST BE A PRACTICING CONFIRMED CATHOLIC - THE NON CATHOLIC GODPARENT IS CONSIDER A CHRISTIAN WITNESS

Name of Godfather: _____
First Middle Last

Is he a practicing Catholic? Practicing: Yes _____ No _____ Name of Parish: _____

Name of Godmother: _____
First Middle Last

Is she a practicing Catholic? Practicing: Yes _____ No _____ Name of Parish: _____

Proxy (s) needed? Yes _____ No _____ Names _____

Office use only Entered into Sacramental Book and data base: Bk _____ Pg _____ Ln _____

Date entered into baptismal record ____/____/____ Minister of Record: _____