ST. ANGELA MERICI
SACRAMENT OF BAPTISM INFORMATION FORM

CHILD INFORMATION:

Full Name of Child: _____**Date of Birth:** _____
First Middle Last

Gender: _____ **City of Birth:** _____**State of Birth:** _____

Date of Baptism: _____

Was child adopted: Yes/No (please circle one)

PARENT INFORMATION:

Father's Full Name: _____
(As it will appear on Baptism Certificate)

Father's Religion: _____ **Father's Email:** _____ **Father's cell:** _____

Mother's Full Maiden Name: _____

Mother's Religion: _____**Mother's Email:** _____**Mother's cell:** _____

Family Address: _____**Home Phone:** _____
Street City State/Zip

Married by: Priest/ Deacon/ Civil Official/ Not Married (please circle one)

Are you a registered parishioner of St. Angela Merici: Yes/No (please circle one)

GODPARENT INFORMATION:

Godfather's Full Name: _____
First Middle Last
Religion: _____**Age:** _____

Godmother's Full Name: _____
First Middle Last
Religion: _____**Age:** _____

Office Checklist

Date of Baptism:_____ Time_____
Priest or Deacon:_____
Certificate Printed:_____
Recorded in Sacramental Register:_____
SALA Notified:_____
Letter of Permission if applicable _____
Father: Testimony _____ Seminar_____ Godfather: Testimony _____ Seminar_____
Mother: Testimony_____ Seminar_____ Godmother: Testimony_____ Seminar_____