

The Church of the Most Holy Trinity
BAPTISMAL INFORMATION FORM

DATE OF BAPTISM: _____

TIME OF BAPTISM: _____

Child's Name: _____

First

Middle

Last

Address: _____

City/Zip: _____ Phone Number: H: _____ W: _____ Cell: _____

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

Month

Day

Year

City

State

Father's Name: _____

Father's Religion: _____

Mother's Name (including Maiden): _____

First

Maiden

Last

Mother's Religion: _____

Church & Place of Marriage (City) _____

Has the Birth Certificate been received and included? Yes No

Has the Child been previously Baptized? Yes No

Is your child adopted, or have you legally received guardianship? Yes No

Godfather's Name: _____

Religion: _____ Parish (& City): _____

Godmother's Name: _____

Religion: _____ Parish (& City): _____

Have the parents previously attended a Pre-Baptismal Program? Yes No

If no, when are the parent(s) to attend the Pre-Baptismal Program Date: _____

If yes, date of Pre-Baptismal Program _____

Sponsor Certificates needed for
Godfather: Yes No
Received: Yes No

Date information was taken: _____

Person taking information: _____

Sponsor Certificates needed for
Godmother: Yes No
Received: Yes No

Recorded in Baptismal Register by: _____ Page number and line recorded on: _____

Date Recorded in Baptismal Register: _____ Baptized by: _____