

HOLY FAMILY CATHOLIC CHURCH
Baptismal Information Request



PARENTAL INFORMATION:

Father: First _____ Middle _____ Last _____

Catholic: Yes _____ No _____

Mother: First _____ Middle _____ Maiden Name _____

Catholic: Yes _____ No _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cellphone: _____

Were you married in a church by a priest? Yes _____ No _____

Do you attend Mass as a family weekly? Yes _____ No _____

CHILD TO BE BAPTIZED:

First Name _____ Middle _____ Last _____

Date of birth: ____/____/____ Place of birth (city & state): _____

Name of Godfather: _____ Catholic: Yes _____ No _____

Name of Godmother: _____ Catholic: Yes _____ No _____

Desired Date of Baptism: ____/____/____ Time: _____

Celebrant (to be determined): _____

Please return information sheet to the parish office as soon as possible.

For further questions, please contact Pattie Rioux (Director of Religious Education) at 989-362-3162 Ext. 12

Rev. 1/8/2015 Parish Data System [] Sacramental Book [] P.A.S.T [] Baptismal Cert. []