# Baptism Form

Date requested for Baptism: _____

Date presented to Council: _____ Approved: _____

Place of Baptism: _____

Child's Full Name: _____

Date of Birth: _____

Place of Birth: _____

Full Name of Parent 1: _____

Full Name of Parent 2: _____

Previous Surname (if applicable): Parent 1 or 2 (please circle) _____

Siblings: _____

_____

_____

Mailing Address: _____

_____

Telephone: _____

Email: _____

Godparents: _____

_____

Other Information: _____

_____

_____

Certificate completed: _____ Registry completed: _____

Prayer Shawl: _____ Candle: _____

Revised 03/29/22