

BAPTISM INFORMATION FORM

ST. ROSE OF LIMA CATHOLIC CHURCH

(For Office Use)
 Payment information
 Type of payment:
 Date:
 Amt.:

DATE OF BAPTISM:	Community <input type="radio"/>
-------------------------	---------------------------------

TIME OF BAPTISM:	Private <input type="radio"/>	Priest :
-------------------------	-------------------------------	----------

Child's First Name	Middle Name	Child's Last Name
--------------------	-------------	-------------------

Date of Birth	Place of Birth <small>City . State County</small>	Sex Male _____ Female _____
---------------	---	--------------------------------

Address

City	State	Zip Code
------	-------	----------

Home Phone #	Cell Phone #	Wk. Phone #
--------------	--------------	-------------

PARENTS' INFORMATION

Father's	First Name	Middle Name	Last Name
	Religion		

Mother's	First Name	Middle Name	Maiden Name
	Religion		

Is your marriage recorded in a Catholic parish or diocesan center: YES / NO <i>(Please circle one)</i>	Are you a registered member of St. Rose of Lima? YES / NO <i>(Please circle one)</i>
--	--

GODPARENT INFORMATION (Catholic, in good standing)

1st Godparent - First Name	Last Name
----------------------------	-----------

2nd Godparent - First Name	Last Name
----------------------------	-----------

If a godparent is not a registered member of St. Rose of Lima a letter from their parish stating he/she is in good standing in their parish and qualified to be a godparent is required in order to schedule the Baptism.	Proxy YES / NO <i>(Please circle one)</i>
---	--

Have you attended a Baptism preparation class? YES / NO

Signature of Priest :

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Class Parents <input type="checkbox"/> Class Godparents
--	---