

St. Alphonsus Parish

BAPTISM INFORMATION SHEET



Name of Child _____
(first) (middle) (last)

Residence _____
(street) (city) (state) (zip)

Date of Birth _____

Place of Birth _____
(location) (city) (state)

Father's Name _____
(first) (middle) (last)

Religion of Father _____

Mother's Name _____
(first) (middle) (last) (maiden)

Religion of Mother _____

Church where the parents were married _____
_____ (city) (state)

Phone number _____ Cell phone number _____

Email address _____

❖ Are you registered at St. Alphonsus? Yes / No

*Godfather's Name _____
(first) (middle) (last)

❖ Is the Godfather a Catholic? Yes / No If yes, is he a practicing Catholic? Yes / No

*Godmother's name _____
(first) (middle) (last)

❖ Is the Godmother a Catholic? Yes / No If yes, is she a practicing Catholic? Yes / No

❖ Is either Godparent represented by proxy? Yes / No

Name of proxy _____
(first) (middle) (last)

❖ Was the child privately baptized? Yes / No Was the child adopted? Yes / No

Baptisms may take place Saturdays 6:45pm, Sundays 8:15am or 11:45am.

_____ at _____
(date) (time)