

Baptism Information

Baptism class date to participate: _____

Bring a copy of your child's Birth Certificate in with this form for verification.

INFORMATION AS APPEARS ON CHILD'S BIRTH CERTIFICATE:

Name of Child: Last: _____ First: _____ MI: _____

Child's Birthdate: _____

Child's Birth City: _____ State: _____

Father's legal name: Last: _____ First : _____ MI: _____

Father's Religion: _____

Mother's **MAIDEN** name: Last: _____ First: _____ MI: _____

Mother's Religion: _____

Family Address: _____

City/State/Zip _____

Home phone: _____ Other phone: _____

Godparent: _____ Catholic? _____

Godparent: _____ Catholic? _____

Current email: _____

Are you registered in the parish? Yes No (If not, please turn registration in along with this form.)

Call the office for a registration packet. 503-777-1491)

Date of Baptism: _____

Mass Time: _____

Baptism Officiated by: _____