

Baptismal Planning Form

Are you registered: St. James _____ St. Margaret's _____
St. John's _____ St. Peter's _____ St. Mary's _____

Do you intend to rear and educate your child according to the Catholic Faith? Yes ___ No ___

Date of Baptism: _____

Full Name of Child: _____ Male ___ Female ___

Date of Birth: _____ City & State of Birth: _____

Father's Full Name: _____

Religion: _____

Mother's Full Name: _____

Religion: _____

Current Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Sponsors

Name: _____ Religion: _____

Name: _____ Religion: _____

Is any sponsor to be represented by a Catholic proxy? Yes ___ No ___

Catholic Proxy's Name: _____

Address: _____

Was the child adopted? Yes ___ No ___

If so, please give pertinent information:

Was the child privately baptized in emergency? Yes ___ No ___

Pew seat reservation? Yes ___ No ___ If yes, for how many? _____