

INFORMATION FORM

*Holy Baptism*

Application Date \_\_\_\_\_ Baptism Date \_\_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Preferred Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city/state) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Religious Affiliation of Parents \_\_\_\_\_

WITNESSES OR GODPARENTS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Siblings \_\_\_\_\_

Grandparents

\_\_\_\_\_

\_\_\_\_\_