St. Anthony of Padua Roman Catholic Church

Baptismal Form

CHILD TO BE BAPTIZED

Childs Name:_____
(first) (middle) (last)

Date of Birth:_____ Place of Birth:_____

PARENTS

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

Father's Religious Tradition:_____

Father's Cell:_____ Father's email:_____

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

Mother's Religious Tradition:_____

Mother's Cell:_____ Mother's email:_____

MARRIAGE

Are Parents Married: ☐ Yes ☐ No If yes, ☐ Civil or ☐ Sacramental

if not married sacramentally, would you like the opportunity to speak with a priest:
☐ Yes ☐ No

GODPARENTS

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

Is the godfather Catholic: ☐ Yes ☐ No

Godmother's Name:_____
(first) (middle) (last)

Is the godmother Catholic: ☐ Yes ☐ No

Please attach a copy of your child's birth certificate and turn all forms into the office.

OFFICE USE ONLY

Form Received Date: Baptism Class Completed: Date of Baptism