

St. Anthony of Padua Roman Catholic Church

Baptismal Form

CHILD TO BE BAPTIZED

Child's 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 circle which language you prefer for Baptism: English ☐ Spanish ☐

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