BAPTISM INQUIRY FORM

THE PERSON TO BE BAPTIZED

Full Name (including Middle name): _____

Date of Birth: ___ / ___ / _____ City/State of Birth: _____

Was this person previously baptized? [ ] yes [ ] no

THE PARENTS

Father's Full Legal Name: _____

Father's Religion:
[ ] practicing Confirmed Catholic
[ ] non-practicing Catholic
[ ] other Christian Denomination
[ ] non-baptized

Mother's Full Legal Name: _____

Mother's Maiden Name: _____

Mother's Religion:
[ ] practicing Confirmed Catholic
[ ] non-practicing Catholic
[ ] other Christian Denomination
[ ] non-baptized

Were the parents married according to Church regulations? [ ] yes [ ] no

Phone: _____ Address: _____

_____

_____

THE GODPARENTS / CHRISTIAN WITNESS

Godfather's Name: _____

Godfather's Religion:
[ ] practicing Confirmed Catholic
[ ] Christian Witness (baptized non-Catholic)

Godmother's Name: _____

Godmother's Religion:
[ ] practicing Confirmed Catholic
[ ] Christian Witness (baptized non-Catholic)

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mail completed form(s) to:
Sacred Heart Catholic Church
Attn: Director of Religious Education
1115 S 8th Ave. E
Newton, IA 50208

or scan and send to:
newtonsacredheartdre@diodav.org