

HOLY FAMILY PARISH

201 CLARK STREET MIDDLETOWN, OHIO 45042-2038

513-422-0602

www.holyfamilymiddletown.org

BAPTISM INFORMATION FORM

Workshop Date: _____

Family Name: _____

Date of Call: _____

Phone: _____

Address: _____

Name of Child: _____

(First)

(Middle)

(Last)

Date of Birth: _____

Place of Birth: _____

(City, State)

Father's Full Name: _____

Religion: _____

Mother's Full Name (inc. maiden name): _____

Religion: _____

Marital Status: _____ Church/Place of Marriage: _____

Godfather's Name: _____ Religion: _____

Received Baptism, Eucharist and Confirmation and in good standing in the church? Yes No

Godmother's Name: _____ Religion: _____

Received Baptism, Eucharist and Confirmation and in good standing in the church? Yes No

Are you registered at Holy Family Parish? Yes No

Requested Baptism Date: _____ Minister: _____