

Arrangement for Baptism

Class Schedule: _____

Baptism Date Requested: _____

Interview Date: _____ By: _____

Child (Candidate for Baptism):

Full Name: _____

(Exactly as given to the State) Please Print

Birth Date: _____ Birth Place: _____

Parents:

Father: _____ Religion: _____

Mother: _____ Religion: _____

Maiden Name

Address: _____

Phone: _____

Are you an ACTIVE member of Our Mother of Mercy Church? Father: ___yes___no

Mother: ___yes___no

Married by: ___Priest___Minister___Judge___Not Married

God Parents:

God Father: _____ Religion: _____

His Church: _____

Does he attend Church Regularly? ___yes___no

God Mother: _____ Religion: _____

Her Church: _____

Does she attend Church Regularly? ___yes___no

For Celebrant's Use Only:

Celebrant of Baptism: _____

Date of Baptism: _____