

(Office use only): Scheduled date/time for Baptism: _____

HOLY TRINITY BAPTISMAL DATA RECORD

Child's Name: _____

Residence: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Were parents married in the Catholic Church? Yes: _____ No: _____

If not, they should schedule a meeting with the priest or deacon to discuss this.

Godfather's Name: _____ Religion: _____

Is He Single: _____ or Married in the Church: _____

Has Godfather made Sacraments of Baptism, Eucharist and Confirmation? _____

Godmother's Name: _____ Religion: _____

Is She Single: _____ or Married in the Church: _____

Has Godmother made Sacraments of Baptism, Eucharist and Confirmation? _____

If a person is in a "live-in" relationship with someone or is married but not in the Church, he/she cannot be a godparent in a Baptism. Also, Godparents must be fully initiated members of the Church, i.e., they must have the sacraments of Baptism, Confirmation, Eucharist.

FOR OFFICE USE ONLY:

Have the parents handed in a copy of the birth certificate of the child? _____

Have the godparent/s, if married in the Church, handed in a copy of his/her certificate of Holy Matrimony? _____ Desired Seminar Date? _____ Desired Baptism Date? _____

Remarks: _____

_____ Date: _____ by: _____

FOR THE DEACON'S OR CATECHIST'S USE ONLY:

ATTENDANCE AT THE PRE-BAPTISM SEMINAR:

Given by: _____ Date: _____

Father: _____ Godfather: _____

Mother: _____ Godmother: _____

FOR THE PRIEST'S OR DEACON'S USE ONLY:

BAPTIZED BY: _____ DATE OF BAPTISM: _____

Recorded in book: _____ Sent Certificate: _____