



**Primary contact PLEASE PRINT LEGIBLY**

Parent Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Child's residence**

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Baptismal Preparation**

Are the parents registered at Ste Gen? Yes  No

Were the parents married in the Catholic Church? Yes  No

Is this your first child to be baptized? Yes  No

**Officiating Priest or Deacon**

Priest/Deacon \_\_\_\_\_

**Complete the section below if using a priest other than the Ste. Gen Pastor**

Archdiocese \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Received Clergy Letter of Aptitude Yes  No