**BAPTISM INFORMATION FORM**

**Date of Baptism:**

**Child’s Name**:

**Place of Birth (City/State)**:

**Date of Birth (Enter mm/dd/year)**:

**Father’s Name**:

**Religion**:

**Mother’s Name ((First & MAIDEN NAME):**

**Religion**:

**Street Address**:

**City/State**:

**Phone**:

**Was the child previously baptized?** [ ]  **Yes** [ ]  **No**

**If yes,** **where**:

**When (Enter mm/dd/year)**:

**Faith**:

**Which Church**: [ ]  **Nativity of BVM, Brockport** [ ]  **St. Elizabeth Ann Seton, Hamlin**

**Parishioners?** [ ]  **Yes** [ ]  **No**

**Like to become parishioners?** [ ]  **Yes** [ ]  **No**

**Godfather’s name**:

**Is he Catholic?** [ ]  **Yes**  [ ]  **No** **Is he confirmed?** [ ]  **Yes** [ ]  **No**

**Godmother’s Name**:

**Is she Catholic? Is she confirmed?** [ ]  **Yes**  [ ]  **No**

**OFFICE USE:**

**Completion Date of Baptism**: **Day**: **Date**: / /

**Time**: **Place**:

**Priest/Deacon**:

**Records**: [ ]  **Record Book: Page** , **#**

 [ ]  **Certificate Sent** [ ]  **ParishSoft** [ ]  **In Bulletin**