**BAPTISM INFORMATION FORM**

**Date of Baptism:** Click or tap here to enter text.

**Child’s Name**: Click or tap here to enter text.

**Place of Birth (City/State)**: Click or tap here to enter text.

**Date of Birth (Enter mm/dd/year)**: Click or tap here to enter text.

**Father’s Name**: (Click or tap here to enter text.

**Religion**: Click or tap here to enter text.

**Mother’s Name ((First & MAIDEN NAME):** Click or tap here to enter text.

**Religion**: Click or tap here to enter text.

**Street Address**: Click or tap here to enter text.

**City/State**: Click or tap here to enter text.

**Phone**: Click or tap here to enter text.

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

**If yes,** **where**: Click or tap here to enter text.

**When (Enter mm/dd/year)**: Click or tap here to enter text.

**Faith**: Click or tap here to enter text.

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

**Parishioners?**  **Yes**  **No**

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

**Godfather’s name**: Click or tap here to enter text.

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

**Godmother’s Name**: Click or tap here to enter text.

**Is she Catholic?**  Click or tap here to enter text. **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**