



ST. JOHN THE BAPTIST CATHOLIC CHURCH

Baptismal Date Confirmed
Day of the week _____, Date _____ Time: _____

Infant / Child BAPTISMAL INFORMATION

NAME OF CHILD _____ GENDER _____

RESIDENCE _____ PHONE _____

DATE OF BIRTH _____ Place of Birth (City, State) _____

REQUESTED DATE OF BAPTISM _____

**Please Note: Once criteria have been met and completed and documents submitted,
you must contact the Parish Office to confirm the requested date.**

FATHER'S NAME _____

MOTHER'S NAME (with Maiden Name) _____

GODFATHER _____ GODMOTHER _____

NAME OF PRIEST OR DEACON _____

For Parish Office Use Only

Registered: ☐
Book: _____

PDS: ☐
Page: _____

Recorded: ☐
Entry: _____

Certificate: ☐