



# ST. JOHN *the* BAPTIST

+ CATHOLIC CHURCH +

Baptismal Date Confirmed Day of the week _____, Date _____, Time: _____
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## 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 \_\_\_\_\_

<b>For Parish Office Use Only</b>			
Registered: <input type="checkbox"/>	PDS: <input type="checkbox"/>	Recorded: <input type="checkbox"/>	Certificate: <input type="checkbox"/>
Book: _____	Page: _____	Entry: _____	