Holy Guardian Angels Parish

BAPTISM INTAKE FORM

Worship Site: _____

Today's Date: _____ Baptism date and time: _____

☐ Deposit paid: _____

☐ Regular baptism, Donation $75. | Paid: _____

☐ Private baptism, Donation $250 *($200 for church, $50 for priest)*. | Paid: _____

Presider: _____ English Baptism: ☐ Spanish Baptism: ☐

Child's Full Name: _____
(As it appears on the Birth Certificate)

Child's Date of Birth: _____ City / State: _____

Father's Name: _____ Catholic: Yes / No
(As it appears on the Birth Certificate)

Phone Number: _____ Email: _____

Mother's Name: _____ Catholic: Yes / No

Phone Number: _____ Email: _____

Mother's Maiden Name: _____
(As it appears on the Birth Certificate)

Full Address: _____

Catholic Church of Marriage: _____ City & State: _____

Civil: ☐ Not Married: ☐ Single Parent: ☐ Other Church: _____

Are you registered parishioners of Holy Guardian Angels? Yes / No

Godparents/ Sponsors information:

Godfather's Name: _____ Religion: _____
Sacraments received: ☐ Baptism ☐ Communion ☐ Confirmation ☐ Marriage
Are you a registered parishioner at Holy Guardian Angels Parish? Yes / No - If yes, ID#: _____
A signed and sealed Sponsor Letter needs to be provided from the parish you are registered at.
Name of the parish and city you're registered in: _____

Godmother's Name: _____ Religion: _____
Sacraments received: ☐ Baptism ☐ Communion ☐ Confirmation ☐ Marriage
Are you a registered parishioner at Holy Guardian Angels Parish? Yes / No - If yes, ID#: _____
A signed and sealed Sponsor Letter needs to be provided from the parish you are registered at.
Name of the parish and city you're registered in: _____

Proxy Name: _____ Class Preparation: _____
**Should you wish to have the baptism photo published in our bulletin, please forward it to parishoffice@hgaparish.org*