ST. FRANCES CABRINI CATHOLIC CHURCH
12001 69th Street East, Parrish, Florida 34219

INFANT BAPTISM – GENERAL INFORMATION FORM

Date: _____

CHILD INFORMATION

Full Name: _____

Date of Birth: ___/___/___ Place of Birth: _____ Circle Gender at Birth: M or F

(City, State)

FATHER INFORMATION

Full Name: _____

Address: _____

City/State: _____ Email: _____

Home: _____ Work:_____ Cell: _____

Current Religion: _____Registered at Parish? ☐ Yes ☐ No

First Communion? ☐ Yes ☐ No; Church: _____

Confirmation? ☐ Yes ☐ No; Church: _____

Marital Status: (Check all that apply):

☐ Single ☐ Separated ☐ First Marriage ☐ Divorced ☐ Remarried

☐ Widowed ☐Married more than twice ☐ Annulled ☐ Engaged =Wedding Date:_____

MOTHER INFORMATION

First and Maiden Name: _____

Address (if different): _____

City/State: _____ Email: _____

Home: _____ Work: _____ Cell: _____

Current Religion: _____ Registered at Parish? ☐ Yes ☐ No

First Communion? ☐ Yes ☐ No; Church: _____

(City, State, Church)

Confirmation? ☐ Yes ☐ No; Church: _____ _____

(City, State, Church)

Marital Status: (Check all that apply):

☐ Single ☐ Separated ☐ First Marriage ☐ Divorced ☐ Remarried

☐ Widowed ☐Married more than twice ☐ Annulled ☐ Engaged =Wedding Date:_____

JAS/OD-DOV-Doc-Forms: Infant_Baptism_Form - effective 2026