

SAINT RAPHAEL THE ARCHANGEL CATHOLIC CHURCH

Rev. 7/27/10

BAPTISM INFORMATION FORM

TODAY'S DATE _____	DATE OF BAPTISM _____
--------------------	-----------------------

Child's Last Name _____	Middle Name _____	First Name _____
-------------------------	-------------------	------------------

Date of Birth _____	Place of Birth _____ <small style="display: block; text-align: center;">City State Country</small>	Sex Male ___ Female ___
---------------------	---	----------------------------

Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

Home Phone # _____	Cell Phone # _____	Wk. Phone # _____
--------------------	--------------------	-------------------

PARENT'S INFORMATION

Father's	Last Name _____	Middle Name _____	First Name _____
	Date Of Birth _____	Religion _____	

Mother's	Maiden Name _____	Middle Name _____	First Name _____
	Date of Birth _____	Religion _____	

Is your marriage recorded in a Catholic parish or diocesan center: YES / NO (Please circle one)	Are you a registered member of St. Raphael? YES / NO (please circle one) IF NO, please provide a letter from the parish in which you are registered granting permission to perform the Baptism at St. Raphael.
--	--

GODPARENT INFORMATION

Required - One Godparent (Catholic, in good standing) Last Name _____	First Name _____
---	------------------

Optional (but preferred) - 2nd Godparent Last name _____	First Name _____
--	------------------

If a godparent is not a registered member of St. Raphael a letter from their parish stating he/she is in good standing in their parish and qualified to be a godparent is required in order to schedule the Baptism. <small style="text-align: center;">(please circle one)</small>	PROXY Will a godparent you selected need a proxy? YES / NO (please circle one)
--	--

Have you attended a Baptism preparation class? **YES / NO**

Was an emergency Baptism administered to this child? **YES / NO**

Will this Baptism be celebrated at another parish? **YES / NO** If yes, date of scheduled Baptism _____ and complete information below

Name of Church _____	Address _____
City _____	State _____ Zip Code _____

FOR OFFICE USE ONLY Baptism Preparation Fee (\$30/Family) PAID Receipt # _____

<input type="checkbox"/> Out of Parish	<input type="checkbox"/> Registered members or Approval Letter	Priest Meeting Date _____
<input type="checkbox"/> Letter Sent _____	<input type="checkbox"/> Godparent letter or Godparent Proxy ltr.	<input type="checkbox"/> Registered Members or Approval
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Godparent letter or Godparent Proxy ltr.	<input type="checkbox"/> Class Parents
		<input type="checkbox"/> Class Godparents

DATE BAPTIZED _____ SIGNATURE _____

Permanent Church records	Date	Initial	ACS Entered	Date	Initial
Pg. # _____					