

BAPTISM INTAKE FORM

Intake Date _____	Rec'd By _____
Child's Name _____	Girl or Boy _____ DOB/CITY of BIRTH _____
Child's Name _____	Girl or Boy _____ DOB/CITY of BIRTH _____
Child's Name _____	Girl or Boy _____ DOB/CITY of BIRTH _____
Birth Certificate required	YES or NO _____ UnMarried or Married _____ Circle one - Civil or Church _____
Mother's Name _____	Maiden Name _____
Father's Name _____	Cell Phone _____
Street Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Mother's E-mail _____	Father's E-mail _____
Registered in Parish?	Yes - _____ No _____
Godmother's Name _____	Godfather's Name _____

PLEASE DO NOT WRITE IN THE SPACES BELOW

Have Parents taken Baptism class in last two years? Yes / No _____ If yes, date - _____	Have Godparents taken Baptism class in last two years? Yes / No _____ If yes, date - _____				
Father's Permission If required	Class Date	Mother's Permission If required	Godparent Form Yes or No or Letter	Class Date	Godparent Form Yes or No or Letter

Class Completed Yes _____ No _____ Baptismal Date _____

Comments _____

Class		