



# ST MARY OF THE ANGELS

## Baptismal Information

**Child's Full Name** \_\_\_\_\_

**Gender** **Male/Female** (circle one)

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Catholic: Y/N** (circle one)

**Mother's Maiden Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Catholic: Y/N** (circle one)

**Address** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parish of Residence** \_\_\_\_\_

If you belong to another Parish, have you been granted permission by your PP? **Y/N** (Circle one)

**Child's Godparents** \_\_\_\_\_

\_\_\_\_\_  
(At least one must be a practising Catholic)

**Is this your first child to be baptised?**  **Yes**  **No**

**What is your preferred date for the baptism?** \_\_\_\_\_

### Office Use Only

**Priest:** \_\_\_\_\_ **Confirmed date and time:** \_\_\_\_\_

**Entered in Cal**  **Certificate**  **Parish Pro** **Baptism Register: Vol.** \_\_\_\_ **#** \_\_\_\_