



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**

It is customary to make a donation to the Parish.

Office Use Only

Priest: _____ **Confirmed date and time:** _____

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