



# 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. \_\_\_\_ # \_\_\_\_