

Information Blank

Holy Baptism

DATE OF APPLICATION _____

FULL NAME _____ SEX _____

RESIDENCE _____ AGE _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

MOTHER'S MAIDEN NAME _____

PARENT'S RESIDENCE _____

PARENT'S TELEPHONE _____

RELIGIOUS AFFILIATION OF PARENTS _____

WITNESSES

1. _____

OR

2. _____

SPONSORS

3. _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

HOSPITAL OF BIRTH _____

DATE OF BAPTISM _____ HOUR _____

PLACE OF BAPTISM _____

OFFICIANT _____