

INFANT BAPTISM INFORMATION FORM

Full Name of Child: _____

Date of Birth: _____

Place of Birth: _____

Father: _____

Mother (with maiden name): _____

Family Address: _____

Telephone: _____ *E-Mail :* _____

Name of Godfather: _____

Name of Godmother: _____

(please note that at least one Godparent must be a practising Roman Catholic)

Proposed Date of Baptism: _____

Signature of one or both parents