



Mary, Queen of Heaven Church

Office Use Only

BAPTISM INFORMATION

Meeting Date: _____

Active Status: _____

Active Member of the Parish? Yes ____ No ____

Child's name: _____
(first) (middle) (last)

Date of birth: _____ Place of birth: _____

Father's name: _____
(first) (middle) (last)

Mother's name: _____
(first) (middle) (maiden) (last)

Mother's last name at time of the child's birth: _____

Godfather: _____ Catholic? Yes ____ No ____

If not Catholic, please specify denomination: _____

Godmother: _____ Catholic? Yes ____ No ____

If not Catholic, please specify denomination: _____

Did you ever attend a pre-baptism class? Yes ____ No ____

If so, Where: _____ When: _____

If not, Date you will attend: _____ Catechist name: _____

Requested Date of Baptism: _____

Requested Minister of the Sacrament: _____

Contact Info

Phone #: Home: _____ Work: _____ Cell: _____

Address: _____