



# 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: \_\_\_\_\_