

Information Blank

Holy Baptism

DATE OF APPLICATION _____ 19____

FULL NAME _____ SEX _____

RESIDENCE _____ AGE _____

FATHER'S FULL NAME _____

MOTHER'S MAIDEN NAME _____

PARENTS' RESIDENCE _____

PARENTS' TELEPHONE _____

RELIGIOUS AFFILIATION OF PARENTS _____

WITNESSES
OR
SPONSORS

| | |
|-----------|-------|
| 1. | _____ |
| RESIDENCE | _____ |
| 2. | _____ |
| RESIDENCE | _____ |
| 3. | _____ |
| RESIDENCE | _____ |

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF BAPTISM _____ HOUR _____

PLACE OF BAPTISM _____

OFFICIANT _____