

BAPTISM INFORMATION SHEET

To be baptized:

Date of Baptism (leave blank for approval)

FIRST NAME

MIDDLE NAME

LASTNAME

Birth Date

Place of Birth (City of Family residence)

Previously baptized

Yes

No

Age

Father

Mother

Street Address 1

Street Address 2

City, State, Zip

Home Telephone

Mobile Telephone

E-mail

Godparents

Godfather

Godmother

Proposed Date of Baptism

Day of Week

Time

Baptismal Instruction Date

Instruction already taken

Baptism

Within Mass

Ceremony only

Officiating

Notes

PLEASE RETURN THE COMPLETED FORM

TO SAINT GABRIEL'S, PREFEREABLY AS ATTACHMENT TO E-MAIL – Addresses above

APPROVED BY PASTOR

Date

Baptism completed by Officiant

Baptism completed Date