TODAY'S DATE _____

ST. BRIGID BAPTISM INFORMATION FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____   PLACE: _____

FATHER: _____CATH. ( ) NON-CATH. ( )

MOTHER (MAIDEN NAME): _____
CATH. ( ) NON-CATH. ( )

SINGLE ( ) *or* MARRIED ( )   IN THE CHURCH ___ *or* OUTSIDE THE CHURCH___

REGISTERED IN PARISH: YES ( ) *or* NO ( )
RELATIVE OF PARISHIONER: YES ( ) *or* NO ( ) NAME:_____

FAMILY ADDRESS: _____

_____

PHONE(S): _____

EMAIL: _____

GODPARENT(S): (at least one & one needs to be a Baptized and Confirmed Catholic)

1. _____ CATH. ( ) NON-CATH. ( )

2. _____ CATH. ( ) NON-CATH. ( )

PROXY (*if godparent will not be there*): _____

PARENTS ATTENDED BAPTISM CLASS: YES ( ) *or* NO ( )
APPROXIMATE NUMBER OF FAMILY/FRIENDS ATTENDING: _____

POSSIBLE BAPTISM DATES AND TIMES: _____

APPROVED: ____   CELEBRANT: _____   FR. ANDREW INFORMED: ____