

For Office Use Only DATE: _____ TIME: _____ CELEBRANT: _____

ST. BRIGID BAPTISM INFORMATION FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____ **CITY:** _____

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: _____