

BAPTISM INFORMATION FORM

Date of Baptism:	Time:
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Infant's Name:		
Last	First	Middle
Infant Adopted?		Was Infant Baptized in the Hospital?
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Date of Birth:	City/State of Birth:	

Street Address:	Phone:	
City:	State:	Zip:
Email Address:		

Father's Name:	
Father's Religion:	
Mother's Full Name (Maiden):	
Mother's Religion :	
Registered at St. Kilian?	
Are parents married civilly?	Married in the Catholic Church?
Church of Marriage:	Location:

Godfather:	Sponsor Form, if not from St. K? <input type="checkbox"/>
Religion of Godfather:	Parish:
Godmother:	Sponsor Form, if not from St. K? <input type="checkbox"/>
Religion of Godmother:	Parish:
Any Proxies?	
Notes:	

Baptism Class – Date Attended: _____ - or - Child recently baptized

Minister of Baptism: _____