

BAPTISM INFORMATION FORM – ST. KILIAN PARISH
PLEASE PRINT

Infant's Name:			
Last		First	Middle
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Was the infant Adopted?	
Was Infant Baptized in the Hospital?		If YES, attach copy of adoption paper	
Date of Birth:		City/State of Birth:	

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

PARENT INFORMATION

Father's Name:	
Father's Religion :	
Mother's Name (including maiden name):	
Mother's Religion:	
Parish where registered:	
Married civilly?	Married in the Catholic Church?
Church of Marriage:	Location:

SPONSOR INFORMATION

Godfather:	
Religion of Godfather:	Parish:
Godmother:	
Religion of Godmother:	Parish:

Baptism Date Requested _____
 (Baptisms are held each Sunday at 1:15 pm in the Gymnasium)

Please return this form to:	St. Kilian Parish Attn: Deacon Ralph Bachner rbachner@saintkilian.org 724-625-1922 Fax
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