

ST. JOHN BREBEUF PARISH COMMUNITY BAPTISMAL PREPARATION INFORMATION

DATE RECEIVED: _____ INSTRUCTION DATE: _____ RECEIVED BY: _____

PARISHIONER: _____ **OR** CHURCH ATTENDING: _____

ATTENDED INSTRUCTION: yes/no _____
(date)

CHILD'S NAME: _____ SEX :M ___ F ___

DATE OF BIRTH: _____ PLACE OF BIRTH _____

FATHER'S FULL NAME _____ RC or _____

MOTHER'S MAIDEN NAME (in full): _____ RC or _____

HOME ADDRESS: _____ POSTAL CODE _____

PHONE NUMBER: _____

IS THIS THE FIRST CHILD YOU ARE HAVING BAPTIZED? _____

OTHER CHILDREN BAPTIZED WHERE? WHEN? _____

MARRIAGE:

DATE: _____ CHURCH _____ CITY _____

WITNESSES

SPONSOR # 1 : _____

SPONSOR # 2 : _____

DATE OF BAPTISM: _____ MASS TIME: 1st choice _____ 2nd choice _____

OFFICIATING PRIEST/DEACON: _____

Notes: _____