

Family Last Name _____ Date of Baptism _____

Address _____ Town & Zip _____

Name of Child _____
(First) (Middle) (Last)

Born in _____ On _____
(Location of Hospital/Town) (State) (DOB)

Child Adopted? Yes No Male Female Phone _____

Father's Name _____
(First) (Middle) (Last) (Religion)

Mother's Maiden Name _____
(First) (Middle) (Last) (Religion)

Church of Parent's Marriage _____

Godparent must be Catholic who has been confirmed

Godfather's Name _____
(First) (Middle) (Last) (Religion)

Godmother's Name _____
(First) (Middle) (Last) (Religion)

Name of Priest _____ Class Date _____

Please leave blank