HOLY SPIRIT CATHOLIC CHURCH

PRE-BAPTISMAL FORM

(Please print or type clearly)

SCHEDULED BAPTISM DATE ____/____/____

CHILD'S INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____ SAINT'S NAME _____

PLACE OF BIRTH _____ DATE OF BIRTH _____ ADOPTED ☐ YES ☐ NO

FAMILY INFORMATION

FATHER'S NAME _____ RELIGION _____ MOTHER'S MAIDEN NAME _____ RELIGION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

(___)_____ TELEPHONE NUMBER (___) _____ EMERGENCY TELEPHONE NUMBER

ARE PARENTS MARRIED BY CATHOLIC CHURCH? YES NO
(PLEASE CIRCLE)

HAVE PARENTS EVER BEEN SEPARATED? YES NO
(PLEASE CIRCLE)

HAS THE CHILD EVER BEEN BAPTIZED? YES NO
(PLEASE CIRCLE)
IF YES, PLEASE SPECIFY WHAT CHURCH AND DATE:_____

GODFATHER'S NAME _____ RELIGION _____ GODMOTHER'S NAME _____ RELIGION _____

Do you as parents plan to attend Mass with your child on a regular basis? YES NO

Will you encourage your child to attend Catechism classes to prepare for the Sacraments of the First Communion and Confirmation? YES NO

If married civilly, would you be interested having your Matrimony blessed by the Church? YES NO

ATTENTION: Your child must be under 7 years old at the time of baptism.
(Children 7 years or older must attend the Religious Education Program.)