# BAPTISMAL DATA FORM

**BAPTISMAL NAME** _____

                      First                          Middle                       Last Name

**DATE OF BIRTH** _____     **PLACE OF BIRTH** _____

**FATHER\*** _____

               Last name                                First name

**MOTHER\*** _____

               Maiden name                          First name

     **\*Name that appears on the Baptismal Certificate**

**CHURCH OF CATHOLIC BAPTISM OR**

**CATHOLIC PROFESSION OF FAITH** _____

_____

**Full Mailing Address of Church**

_____

**City, State and Zip Code of Church (or other mailing information if out of the country)**

(This information MUST be complete so that we can mail sacramental information to the church that performed the baptism. That church will hold all of the sacramental information for your child should you need it in the future.)

**DATE OF BAPTISM** _____