

Today's Date ____ / ____ / ____

Person to baptize _____ , _____ , _____
Last First Middle

D.O.B. ____ / ____ / ____ Place _____

Father _____ , _____ , _____
Last First Middle

Father Catholic? Y / N

Mother _____ , _____ , _____
Last (Maiden) First Middle

Mother Catholic? Y / N

Father and Mother married? Y / N

Where/When/By Whom Catholic priest or deacon _____

Registered as Queen of Angels Parishioners? Y / N

Street _____ City _____ State Zip _____

Phone _____ Email _____

Godparents (*must be Baptized, Confirmed, Practicing Catholics, at least 17 yrs old*)

_____ , _____ , _____
Last First Middle

_____ , _____ , _____
Last First Middle

____ / ____ / _____ *Baptismal date requested* _____ / ____ / ____ *Baptism Class Date*

Sacramental priest/deacon _____

Other Comments
