

*Information Form*

# Holy Baptism

DATE OF APPLICATION \_\_\_\_\_ 20\_\_

FULL NAME \_\_\_\_\_ GENDER \_\_\_\_\_

RESIDENCE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

PARENTS' RESIDENCE \_\_\_\_\_

PARENTS' TELEPHONE \_\_\_\_\_

OTHER CONTACT (IF REQUESTED BY OTHER RELATIVE)

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RELIGIOUS AFFILIATION OF PARENTS \_\_\_\_\_

WITNESSES 1. \_\_\_\_\_

OR 2. \_\_\_\_\_

SPONSORS 3. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ HOUR \_\_\_\_\_

PLACE OF BAPTISM \_\_\_\_\_

OFFICIANT \_\_\_\_\_