## Our Lady of Lourdes, Violet - Sacrament of Baptism

## **Child Information:**

Child's Full Na	me:			Date of Birth:
~ .	First	Middle	Last	
Gender:	Place of Birt			d Date of Baptism:
Was Child Ado	pted? Yes/No If y	City es Document#	State	Please supply us a copy
Did child have	an Emergency Bap	tism? Yes/No		
Parent Inform	ation:			
Father's Full N				Age:
Father's Religion	First on:F	Middle ather's Email:	Last	Father's Cell:
Mother's Full N		Middle	Tool	Age:
Mother's Religi	First ion: Mot		Last	Mother's Cell:
Family Address			G	Home Phone:
Is this Your Fir	Street st Child? Yes/No	City	State Zip	
Married by (Cir	cle One): Priest/ M	linister/ Civil Officia	al/ Not Married	
Date of Marriag	ge:	Church	of Marriage:	
Are you registe	red at OLOL? Yes	'No If No, Wh	at Parish do you re	side in?
God Parent In	formation:			
Godfather's Full Name			Phone Number	
Religion:	First	Middle	Last	
-		Confirmed?		
Godmother's Full Name			Phone Number	
	First	Middle	Last	-
Religion: Good Standing	Age: (Valid Church Ma	Confirmed? rriage. Practicing Fa	2 02/2/0	
Checklist for Office	Use:			
Priest/Deacon Scheduled for Baptism:			Date od Baptism:	
Testimonials:	Father			
Seminar:	Father	Mother	Godfather	Godmother
Out of Parish Letter	of Permission:	1	Recorded in Baptismal Re	egister:
Notes:				