Our Lady of Lourdes, Violet – Sacrament of Baptism

Child Information:

Child's Full Name:_____ Date of Birth:_____
First Middle Last

Gender:_____ Place of Birth:_____ Requested Date of Baptism: _____
City State

Was Child Adopted? Yes/No If yes Document# _____ Please supply us a copy

Did child have an Emergency Baptism? Yes/No

Parent Information:

Father's Full Name:_____ Age:_____
First Middle Last

Father's Religion:_____ Father's Email:_____ Father's Cell:_____

Mother's Full Name:_____ Age:_____
First Middle Last

Mother's Religion:_____ Mother's Email:_____ Mother's Cell:_____

Family Address:_____ Home Phone:_____
Street City State Zip

Is this Your First Child? Yes/No

Married by (Circle One): Priest/ Minister/ Civil Official/ Not Married

Date of Marriage:_____ Church of Marriage:_____

Are you registered at OLOL? Yes/No If No, What Parish do you reside in? _____

God Parent Information:

Godfather's Full Name_____ Phone Number _____
First Middle Last

Religion:_____ Age:_____ Confirmed? Yes/No

Good Standing (Valid Church Marriage. Practicing Faith, etc.)? Yes/No

Godmother's Full Name_____ Phone Number _____
First Middle Last

Religion:_____ Age:_____ Confirmed? Yes/No

Good Standing (Valid Church Marriage. Practicing Faith, etc.)? Yes/No

Checklist for Office Use:

Priest/Deacon Scheduled for Baptism:_____ Date od Baptism:_____

Testimonials: Father_____ Mother_____ Godfather_____ Godmother_____

Seminar: Father_____ Mother_____ Godfather_____ Godmother_____

Out of Parish Letter of Permission:_____ Recorded in Baptismal Register:_____

Notes:_____