Date:_____

Saint Rose of Lima Catholic Church
Baptism Information Form
You must provide a full copy of the birth certificate

Name of child to be baptized:_____
First Middle Last

Gender: ◯ Male ◯ Female

Place of Birth (City/State):_____

Date of Birth:_____ Family Registered at St. Rose? ◯ Yes ◯ No

Father's Full Name:_____ Religion:_____

Mother's Full Name:_____ Religion:_____

Mother's Maiden Name: _____

Family Address:_____
Street Address

_____
Address Line 2 City State Zip Code

Email:_____ Phone Number:_____

God Father's Name:_____ Religion:_____

God Father's Parish: _____ City/State:_____

God Mother's Name:_____ Religion:_____

God Mother's Parish:_____ City/State:_____

Is either Godparent represented by proxy: ◯ Yes ◯ No

Name of Proxy:_____

Desired Date of Baptism: _____

Office Use Only

- ☐ Parents Registered at St. Rose
- ☐ Birth Certificat Received
- ☐ $25 Donation Received on_____
- ☐ Parents Baptismal Preparation Class on _____
- ☐ God Parents Baptismal Prep Class on _____
- ☐ God Parents Sacraments Certificates
- Other Notes: _____
- ☐ Information Entered into Parish Soft by: _____

Baptism recorded in book Vol:_____ Page#:_____ Line#: _____

Child Baptized on:_____ By: _____