

St. Rose of Lima Baptism Information Form

NAME OF CHLD:

(First)

(middle)

(last)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

WAS THE CHILD ADOPTED: (yes) _____ (no) _____

WAS THE CHILD PREVIOUSLY BAPTIZED? _____ WHERE: _____

BAPTISM DATE _____

FATHER'S NAME:

(First)

(middle)

(last)

FATHER'S RELIGION: _____

MOTHER'S NAME:

(first)

(middle)

(married name)

(maiden name)

MOTHER'S RELIGION: _____

HOME ADDRESS: _____

PHONE: _____ WORK PHONE: _____

NAME OF GODFATHER: _____

RELIGION: _____

NAME OF GODMOTHER: _____

RELIGION: _____