

# Information Form Holy Baptism

Date of Application \_\_\_\_\_ 20\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Officiant \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Parents' Residence \_\_\_\_\_

\_\_\_\_\_

Parents' Telephone \_\_\_\_\_

Religious Affiliation of Parents:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Witnesses or Sponsors:

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

Address \_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_