Parish Membership # _____ Please email the completed form to AElizondo-Brandt@stpatrickcathedral.org

ST. PATRICK CATHEDRAL
BAPTISM INFORMATION OF CHILD BEING BAPTIZED

Name of Child: _____
First Middle Last

Baby's Gender: **Male:** ☐ **Female:** ☐

Date of Birth: _____ **Place of Birth:** _____

Home Address: _____
City Zip

Telephone Number: _____ _____
Home Cell

E-mail address: _____ _____
Mother Father

Ethnic Origin of Child: **African-American** ☐ **Asian** ☐ **Hispanic/Latino** ☐
Korean ☐ **Vietnamese** ☐ **White/ Caucasian** ☐ **Other** ☐

Father's Name: _____

Religion of Father: _____

Mother's First and Maiden Name: _____

Religion of Mother: _____

Are Parents: **Single?** ☐ **Married?** ☐ **Married in the Catholic Church?** ☐

Name of Godfather? _____

Is Godfather a Practicing Catholic? ☐ **Ever Married?** ☐ **Married in the Church?** ☐

Name of Godmother? _____

Is Godmother a Practicing Catholic? ☐ **Ever Married?** ☐ **Married in the Church?** ☐

Is either Godparent represented by Proxy? _____

Name of Proxy? _____

Was the child privately baptized? _____

Was the child adopted? _____