

Parish Membership # _____ Please email the completed form to CVentura@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? _____