



Baptism Planning - Child

Interview Date: _____ Completed By: _____

Child's Full Name: _____

Mother's Full Name: _____

Father's Full Name: _____

Preferred Address: _____

Preferred Phone(s): _____

Child's Date of Birth: _____

Child's City of Birth: _____

First Sponsor's Name: _____

Church Affiliation: _____

Second Sponsor's Name: _____

Church Affiliation: _____

Third Sponsor's Name: _____

Church Affiliation: _____

Date of Baptism: _____

Which Service? _____

Child's Affiliation w/Parish? _____

Special Notes: _____

Copy Distribution:

Office Staff

___ Church database Input

___ Certificates completed

___ Copy in Baptism File

Altar Guild

Music Director

Pastor