



# ST. ALOYSIUS CATHOLIC CHURCH

## Baptismal Information Form

Please save this form after completing and email to [tgreely@staloyiusparish.com](mailto:tgreely@staloyiusparish.com).

Child's Full Name: \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Was the child adopted? \_\_\_\_\_ Has the child been baptized previously? \_\_\_\_\_

**Please List three baptismal date and time choices. The date scheduled is based upon availability and will be confirmed by email from the Parish**

**Office**

**1<sup>st</sup> Choice:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **2<sup>nd</sup> Choice:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **3<sup>rd</sup> Choice:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_

First

Middle

Last

Mother's Name: \_\_\_\_\_

First

Middle

Maiden

Last

Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Are you registered parishioners of St. Aloysius Catholic Church? \_\_\_\_\_

**Parents are required to attend a Baptismal Seminar if they have not done so in the last 5 years.**

Have you attended a Baptismal Seminar at St. Aloysius in the past 5 years? \_\_\_\_\_

Date of Baptismal Seminar attended: \_\_\_\_\_

**Godparent Requirements:** Godparents are required to be confirmed and practicing Catholics in good standing with the Catholic Church, and at least 16 years of age. **Please have the Godparents fill out the Baptismal Sponsor Certificate of Eligibility found on the Baptism page of the parish website and return as soon as possible.** **BAPTISMS ARE NOT SCHEDULED UNTIL GODPARENT FORMS ARE TURNED IN.**

Godfather' Full Name: \_\_\_\_\_

First

Middle

Last

Is the Godfather a confirmed and practicing Catholic? \_\_\_\_\_

Church Parish: \_\_\_\_\_ If NO, please provide their religion: \_\_\_\_\_

Godmother's Full Name: \_\_\_\_\_

First

Middle

Last

Is the Godmother a confirmed and practicing Catholic? \_\_\_\_\_

Church Parish: \_\_\_\_\_ If NO, please provide their religion: \_\_\_\_\_

**Office Use ONLY:** Godfather Form received: \_\_\_\_\_ Godmother Form received: \_\_\_\_\_

### Baptismal Visit

Date contacted: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Remarks: \_\_\_\_\_

Baptismal Presider: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_