

## CHILD INFORMATION

**NAME** (FIRST, MIDDLE, LAST): \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** ☐ MALE ☐ FEMALE

**CITY & STATE OF BIRTH:** \_\_\_\_\_

*(This information much match the birth certificate. If child is not born yet, please leave blank.)*

## PARENT INFORMATION

**NAME OF FATHER** (FIRST, MIDDLE, LAST): \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **CATHOLIC:** ☐ YES ☐ NO

**NAME OF MOTHER** (FIRST, MIDDLE, MAIDEN): \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **CATHOLIC:** ☐ YES ☐ NO

**HOME ADDRESS:** \_\_\_\_\_

STREET

CITY, STATE, ZIP

## GODPARENT INFORMATION

**NAME OF GODFATHER** (FIRST, MIDDLE, LAST): \_\_\_\_\_

**NAME OF GODMOTHER** (FIRST, MIDDLE, LAST): \_\_\_\_\_

*NOTE: If there is only one Catholic Godparent, a baptized person who belongs to a non-catholic Christian church may participate as a Christian Witness to the baptism, but does not take on the role or title of Godparent.*

**NAME OF WITNESS** (FIRST, MIDDLE, LAST): \_\_\_\_\_

## SIGNATURES

We/I affirm that all information provided above is true and accurate. We/I request the Sacrament of Baptism for our child through All Souls Catholic Parish and commit to raising our child as a faithful member of the Roman Catholic Church.

**SIGNATURE OF FATHER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF MOTHER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_