Sacrament of BAPTISM
Information Sheet

Please fill out this form COMPLETELY and return it to the priest.

PLEASE PRINT CLEARLY

Baptism Candidate

Name _____

First Name/ Middle Name/ Last Name

Date of Birth _____ Place of Birth _____ Gender _____

City/State M/F

Was the candidate adopted? _____ Was the candidate baptized privately? _____

Home Address _____

Street or PO Box - City, State, Zip Code

Telephone _____ Email _____

Father _____

First Name /Last Name

Mother _____

First Name / Last Name /Maiden Name

Father's Religion _____ Mother's Religion _____

Were the parents married by a Catholic Priest? _____

Date of Baptism (Month/Day/Year required) _____

Godfather/Sponsor _____ Is the Godfather/Sponsor Catholic _____

First Name/ Last Name

Godmother/Sponsor _____ Is the Godmother/Sponsor Catholic _____

First Name/ Last Name

Is either Godparent/Sponsor represented by proxy? _____ Name of Proxy _____

First Name/ Last Name

Name of the Priest conferring Baptism _____

Office use only; Book ___ Page ___ Line ___

Our Lady of Lourdes Mission

Mailing Address:
25352 NE 134th Pl,
Salt Springs, FL 32134

PHONE
(270) 564-3355

EMAIL
lourdes.mission.fl@gmail.com