

# BAPTISM INTAKE FORM (CHILD UNDER 7 YEARS OF AGE) PAGE 1 OF 2

Required prior to receiving the sacrament of Baptism.

If child is over 7 years old, refer to RCIA Data Intake form for children.

Date: \_\_\_\_\_

## CHILD INFORMATION AND PARENT/GUARDIAN CONTACT INFORMATION

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Child's Name: \_\_\_\_\_  
(Last) (Middle) (First)

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
(Copy of birth certificate required.)

Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Parent / Guardian Phone: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_  
(C) ( ) \_\_\_\_\_

Parent / Guardian Email: \_\_\_\_\_

(If child is presented for Baptism by an adult guardian, official documentation naming the adult as guardian is required.)

## PARENT INFORMATION

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Father's Full Name: \_\_\_\_\_  
(Last) (Middle) (First)

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

Mother's Full Name: \_\_\_\_\_  
(Last) (Middle) (First)

Mother's Religion: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Are parents married by a Roman Catholic priest or deacon? Yes \_\_\_ No \_\_\_

If not married by a priest or deacon, are parents married outside of the Church? Yes \_\_\_ No \_\_\_

(Copy of marriage certificate may be required.)

Are parents registered with the parish they are requesting Baptism? Yes \_\_\_ No \_\_\_

If not registered with the parish, where are the parents registered?

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(Parents from other parishes must have express permission of their proper pastor for Baptism outside of their parish.)

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## GODPARENT / CHRISTIAN WITNESS INFORMATION

(At least one of the sponsoring adults must be a fully initiated Catholic in good standing with the Roman Catholic Church.)

**Godparent 1:** \_\_\_\_\_  
(Last) (Middle) (First)

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(A pastor's letter of suitability for God Parent must be presented prior to Baptism.)

**Godparent 2**  
**/Christian Witness:** \_\_\_\_\_  
(Last) (Middle) (First)

Parish/Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If Christian Witness, Faith Denomination \_\_\_\_\_

(The parish pastor must approve a non-Catholic adult suitable as Christian Witness)

## BAPTISM PREPARATION PLAN

Date(s) and time of Baptism Preparation class for parents and godparents:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Place: \_\_\_\_\_

### OFFICE USE ONLY

Parents and god parents have completed appropriate baptism preparation? **Yes** \_\_\_ **No** \_\_\_

Baptism class instructor name: \_\_\_\_\_  
(print name) (Initial)

Date of Baptism (mm/dd/yyyy): \_\_\_\_\_ Celebrant: \_\_\_\_\_

Certificate Made \_\_\_\_\_ Recorded in Sacramental Record \_\_\_\_\_  
(date) (Initial) (date) (Initial)