

Baptism Intake Form

St. Ignatius Loyola, Hicksville

Date of Baptism: _____

Child: _____
Family Name First Name Middle Name

Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Father: _____
First Name Middle Name Family Name Religion

Mother: _____
First Name Middle Name Family Name Religion

Is Parent's Marriage Recognized by the Catholic Church? Yes No

Godfather: _____
First Name Middle Name Family Name Religion

Godmother: _____
First Name Middle Name Family Name Religion

Proxy: _____
First Name Middle Name Family Name Religion

Previous Baptism? Yes No Adoption? Yes No

Please attach a copy of your Child's Birth Certificate.

For Rectory Office use only:

Date of Preparation Class: _____ Staff: _____
Initial when completed

Recorded in Register: Date: _____ Book # _____, Page # _____ Staff: _____
Please initial

Priest/Deacon who performed ceremony: _____

Comments: _____
