



Baptism Intake Form

Child's Full Name: _____ M F

(First) (Middle) (Last)

Date of Birth: _____

City, State of Birth: _____

Is this your first Child? Yes No

Was your Child adopted? Yes No

Was there an emergency private Baptism for your child? Yes No

Are the parents married? Yes No

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

If married, Type of marriage: Married by a Catholic Priest Civil Marriage

Family Information:

Address: _____

City, State, Zip: _____

Best E-Mail: _____ Alternate E-Mail: _____

Cell Phone #: _____ Alternate Phone #: _____

Registered at All Saints Parish: Yes or No

A copy of both Godparents Baptism and Confirmation certificates are requested and are to be emailed or mailed to the Faith Formation Coordinator at All Saints Parish.

Godfather Name: _____ Religion: _____

Godmother Name: _____ Religion: _____

-----*For Office Use Only*-----

Documentation Received for Mother

Documentation Received for Godmother

Documentation Received for Father

Documentation Received for Godfather

Meeting with Fr. Walter Completed

Baptism Date & Time: _____

Video Completed

Minister: _____

Recorded in Parish sacramental book

Recorded in Parish Soft