

Saint Andrew Catholic Church

3312 Dryden Road
Fort Worth, Texas 76109
(817) 927-5383
(817) 927-8507 fax

Office Use only Baptism Date: _____ Baptism Time: _____ # People attending: _____
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INFANT BAPTISM FORM

(Ages Infant-6 years)

Please print, and remember that this form will provide permanent information for the Baptism records for your child. Please verify legal spelling of names. We ask that a copy of your child's birth certificate be attached to this form.

Name of **Child**: _____
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____
(month, day, year) (city) (state) (country)

Has child been previously Baptized? Yes No (If yes, please give information below)

Date of Baptism: _____ Church Chapel Hospital Home

PARENT INFORMATION

Name of **Father**: _____
(first) (middle) (last)

Address: _____
(street) (city) (state) (zip)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Religion of Father: Catholic? Yes No
If no, does father consent to Catholic Baptism? Yes No

Signature of consent: _____

Name of **Mother**: _____
(first) (middle) (maiden)

Address: _____
(if different)(street) (city) (state) (zip)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Religion of Mother: Catholic? Yes No
If no, does mother consent to Catholic Baptism? Yes No

Signature of consent: _____

For Office Use Only
<input type="checkbox"/>
Record
<input type="checkbox"/>
Child's Age
<input type="checkbox"/>
Certificate
<input type="checkbox"/>
Bulletin
<input type="checkbox"/>
Computer

Name of Parish where parents are presently registered _____

Parents are not registered in any parish

Are parents residing in Saint Andrew Parish boundaries? Yes No

Do Parents attend Mass? Yes No How often? _____

Marital Status: Married Separated Divorced Unmarried

Were parents married in the Catholic Church? Yes No Civilly? Yes No

If separated/divorced or unmarried, who has legal custody?

Name: _____ Relationship to Child: _____

Address: _____
(if different) (street) (city) (state) (zip)

Where did parents take classes? _____
(name of parish)

Address of Parish: _____

Date Classes were taken: _____

GODPARENT INFORMATION

Name of **Godfather**: _____
(first) (middle) (last)

Catholic? Yes No

Married? Yes No In the Catholic Church? Yes No Civilly? Yes No

Confirmed in the Catholic Church? Yes No

Baptism Class taken at St. Andrew Church? Yes No Other Parish: _____
(Provide certificate of attendance)

Date classes were taken: _____

Name of **Godmother**: _____
(first) (middle) (last)

Catholic? Yes No

Married? Yes No In the Catholic Church? Yes No Civilly? Yes No

Confirmed in the Catholic Church? Yes No

Baptism class taken at St. Andrew Church? Yes No Other Parish: _____
(Provide certificate of attendance)

Date Classes were taken: _____

Date of Baptism: _____

Signature of Priest: _____