

Parental Baptism Preparation Information

Baptismal Information

Before filling out this form, please contact the office at 563.876.5540 to find dates and times available.

Child's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ City/State of Birth _____ Sex: _____

Parish Registered: _____ Other: _____

Order of Child: _____

First Child Parental Preparation class attended: _____ Year Attended: _____

Date of Baptism: _____ Church of Baptism: _____

Time of Baptism: _____ If During Mass: _____

Other:(time & arrangements)_____

Mother's Name _____ Catholic? _____
If not: _____
First Middle MAIDEN Last

Father's Name _____ Catholic? _____
If not: _____
First Middle Last

Address: _____ City,State: _____ Phone: _____

Mother's Email: _____ Father's Email: _____

Church/Place of Marriage: _____ Address: _____ Date: _____

- **At least one godparent must be a practicing Catholic, initiated into the Church through Baptism, Eucharist & Confirmation. Sponsors are preferred as one male and one female and one may be of another Christian Faith.**

God Father's Name: _____ Catholic? _____

Confirmed? _____

Proxy Name: _____

Represented by Proxy? _____

God Mother's Name: _____ Catholic? _____

Confirmed? _____

Proxy Name: _____

Represented by Proxy? _____

Was the child previously baptized? (hospital, etc.) _____ By Whom: _____

Was the child adopted? _____ Name of Adoption Agency _____

Name of Priest or Deacon Officiating: _____

Would you like this baptism announcement printed in the weekly bulletin? Yes No

If "Yes" please write the announcement you would like below: (sample) "(Name), (Son/Daughter) of (Father) and (Mother) became a member of the (Parish name) family on (Date) in the waters of Baptism."

After filling out this form, save this document to your desktop and then attach by email to l.mcdermott@dbqarch.org or print and mail to: St. Elizabeth Pastorate, P.O. Box 286, Epworth, IA 52045-0286.

For Office Use: PS _____ Bulletin _____ Record Book _____ Certificate _____