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:	rst:Middle:				
Date of Birth: City/State of Birth		City/State of Birth	Gender:		
Parish Registered:			Other:		
Order of Child:					
First Child Parental Preparation class or Zoom:			Date	e Attended:	
Date of Baptism:			Chur	ch of Baptism:	
Time of Baptism:		If During Mass:			
Other:(time & arran	gements)				
Mother's Name _					Catholic?
	First	Middle	MAIDEN		If not:
Father's Name			_		Catholic? If not:
	First	Middle		Last	
Address:		City,State:		Phone:	
Mother's Email:		Fath	er's Email:		
• At least one go Confirmation.	dparent must Sponsors are	Address be a practicing Catholic, in preferred as one male and	itiated into th one female an	Catholic?	ther Christian Faith.
	First	Middle	Last	Confirmed?	
Proxy Name:					oxy?
God Mother's Name:				Catholic?	
D	First	Middle	Last	Confirmed?	
Proxy Name:				•	oxy?
Was the child previo	ously baptized?	(hospital, etc.)	By W	hom:	
Was the child adopte	ed?	Name of Adoption	on Agency		
Name of Priest or D	eacon Officiat	ing:			
If "Yes" please write	e the announce	ncement printed in the weekly ement you would like below: ly on (Date) in the waters of	(sample) "(Nai		f (Father) and (Mother) became a
		s document to your desktop a O. Box 286, Epworth, IA 52		by email to <u>l.mcdermo</u>	ott@dbqarch.org or print and

PS____ Bulletin___ Record Book____

For Office Use:

Certificate____