

Baptismal Form

PLEASE RETURN THIS FORM TO THE PARISH OFFICE SO A PRIEST CAN SET YOUR BAPTISMAL DATE.

Are you a registered member of St. Simon Parish? _____

CHILD'S NAME _____
(First) (Middle) (Last)

DATE OF BIRTH: Month _____ Day ____ Year ____ CITY _____ ST _____

Boy? _____ Girl? _____ Age? _____ ADOPTED? _____ AGE: _____

RELIGION: _____
FATHERS NAME: (FIRST MIDDLE LAST)

RELIGION: _____
MOTHERS NAME: (FIRST MIDDLE (MAIDEN Name Required)

ADDRESS: _____

CITY: _____ Indianapolis _____ Fishers _____ McCordsville OTHER _____ ZIP _____

PHONE NUMBERS:
WIFE: (HOME) _____ (WORK) _____ (CELL) _____

HUSBAND: (HOME) _____ (WORK) _____ (CELL) _____

EMAIL: _____

PLEASE LIST SELECTED CHILD'S GODPARENTS:

GODFATHER: _____ RELIGION _____ CONFIRMED? _____

GODMOTHER: _____ RELIGION _____ CONFIRMED? _____

PROXY: *(Person selected to stand in for godparent)* _____

Office use only:

Date _____

Baptismal performed by _____

Certificate distributed Y or N _____

Date recorded in sacramental Records _____

Baptismal Class Y or N _____ Date _____