

St. James
737-0122

St. Alphonsus
466-0332

Baptism Information

Please return completed form to parish office

Name of Child: _____ M or F

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____
(including Maiden Name)

Telephone Number(s): _____ (C) _____

Email Address: _____

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

Attended Baptism Class: Yes No

Remarks:

Baptism scheduled for –

Date: _____ Time: _____ Church: _____

Name of Clergy: _____

For Office Use