



# BAPTISMAL INFORMATION: OUR LADY OF THE FIELDS CHURCH

FAMILY NAME: \_\_\_\_\_ Registered Parishioners: Y/N

Name of Child: \_\_\_\_\_ M/F

Birth Date: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Present Full Name: \_\_\_\_\_

Are parents married? Y/N

(Asked for pastoral reasons, only)

By priest or deacon? Y/N

If NO, by whom: \_\_\_\_\_

Proposed date & time of Baptism will be finalized after baptism class: \_\_\_\_\_

Baptisms are celebrated monthly: Sunday 2:00pm Group Baptism (maximum 4 children) or at a weekend Mass (Please note: we do not do baptisms during the season of Lent.)

Celebrant: \_\_\_\_\_

Godparent: \_\_\_\_\_

Religion: \_\_\_\_\_

Godparent: \_\_\_\_\_

Religion: \_\_\_\_\_

If Godparents are not able to be present, they must be represented by a proxy.

Name of Proxy: \_\_\_\_\_ Religion: \_\_\_\_\_

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Was the child adopted? Y/N

Previously baptized? Y/N

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**For Office Use:**

Info Letter sent: \_\_\_\_\_ Baptismal prep class: \_\_\_\_\_ Baptized date: \_\_\_\_\_

Registration sent: \_\_\_\_\_ Celebrant: \_\_\_\_\_ Cert. Issued: \_\_\_\_\_

Recorded/Bapt. Registry Volume # \_\_\_\_\_ (page) \_\_\_\_\_ (Registry #) \_\_\_\_\_

Recorded/ParishSoft \_\_\_\_\_ Notes \_\_\_\_\_