

Name _____ Parish _____
Sponsor Name _____ Relation to you _____
Sponsor Phone: Day _____ Evening _____

Rite of Christian Initiation of Children 202__

Child Information

Name _____ Nickname _____
 First Middle Last

Birth Date _____ City of Birth _____ State of Birth _____

Child lives with: ___ Birth parents ___ Birth mother ___ Birth father ___ Adoptive parents ___ Foster parents
 Primary Custody Joint Custody

Day School _____ Grade _____

Health/Educational Needs _____

Has the child had formal Religious education? _____ If yes, where? _____

Parent Information (Complete all that applies)

Birth Father Name _____ Religion _____

Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email _____

Birth Mother Maiden Name _____ Religion _____

Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email _____

Step-parent Name _____ Religion _____

Married to _____

Step-parent Name _____ Religion _____

Married to _____

OVER PLEASE

Family Information

Parish Registration _____ Circle one: Family Father Mother

Siblings

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Emergency Contact _____
Name Relationship Phone

Why do you wish baptism for your child at this time?

Any other information you might feel would be helpful for the staff to know about your child.

-----Office Use Only-----

Date Form Received _____