

Date: _____

Baptismal Information Form

St. Joan of Arc Church

(PLEASE PRINT – Use Full Legal Names)

Baby's Name: _____
First Middle Last

Address: _____

City, State, Zip: _____ Phone: _____

Email address: _____ Parishioner: Yes _____ or No _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden

Godparent: _____

Godparent: _____

(**Please note** – **One** Godparent must be a practicing Catholic and must have received the Sacrament of Confirmation and **only two names** will be listed on the baptism certificate for Godparents.)

Comments: _____

For Office use only:

Date/Time of Baptism: _____ Presider at Baptism: _____

Pre-Baptism Age Group: 0-1 _____ 1-6: _____

- ☐ Completed Pre-Baptismal Class Dates: _____
- ☐ Baptism Donation: \$100.00
- ☐ Private Baptism Fee: \$275.00

Recorded by: _____

Revised: 12/22/2022