

Baptism Form

St. Francis of Assisi Catholic Church
Longmont, Colorado

Requested Date of Baptism: _____ Time: _____

Child's legal name: _____

Date of Birth: _____ Place of Birth: _____

Father's legal name: _____

Practicing Catholic: Yes _____ No _____

Mother's legal maiden name: _____

Practicing Catholic: Yes _____ No _____

Registered in the parish: Yes _____ No _____

Home Address: _____

Home Phone: _____ Cell phone: _____

Godfather's Name: _____

Practicing Catholic: Yes _____ No _____

Godmother's Name: _____

Practicing Catholic: Yes _____ No _____

If Proxies, Names: _____

Class Date: _____ Date of Reception of Baptism: _____

Minister of Sacrament of Baptism: _____

Certificate given on the date of Baptism: _____ Certificate mailed: _____

In accordance with Canon 877.3 please respond:

Has this child been, or is this child in the process of being, adopted? Yes _____ No _____

If this child is to be baptized before the adoption is finalized please give the legal names of the

Birth Mother: _____

Birth Father: _____