St. Francis de Sales

Holy  Baptism

CHILD TO BE BAPTIZED

Child's Full Legal Name (should be the same as on their birth certificate):

_____

Gender: ☐ Female ☐ Male Date of Birth:_____

Place of Birth (City & State):_____

PARENT(S) INFORMATION

Father's Full Legal Name:_____

Religious Affiliation:_____

Address:_____

Phone Number:_____

Email:_____

Mother's Full Legal Name:_____

Mother's Maiden Name:_____

Religious Affiliation:_____

Address:_____

Phone Number:_____

Email:_____

Have you previously had a child baptized at St. Francis de Sales? ☐ Yes ☐ No

If yes, provide the name of child and date of their Baptism:_____

_____

GODPARENT(S) INFORMATION

Godparent Name #1:_____

Religious Affiliation:_____

Phone Number:_____

Email:_____

Godparent Name #2:_____

Religious Affiliation:_____

Phone Number:_____

Email:_____

PREFERRED TIME FOR BAPTISM

☐ Saturday at 11am

☐ Sunday Mass

Directions:

1. **Fill out form.**
2. **Save to device.**
3. **Email to: Elaine.Lilly@archbalt.org**