

SACRAMENT OF BAPTISM

Intake Child Form

For Infants & Children up to 6 years old

			DATE		
CHILD'S NAME					
	First	Middle	Last		
M F BIRTH DATE		AGE	Please provide	Please provide a copy of Birth Certificate	
CHILD'S PLACE OF BIRTH					
		Parent Informati	on		
ΕΔΤΗΕ Β·					
	First	Middle	Last		
ADDRESS:					
ADDRE33.	Street	City	State and Zip		
PHONE NUMBER:		EMAIL:			
Are you a	Have you received	Have you received	Are you attending	Married in the	
Baptized Catholic?	Holy Communion?	Confirmation?	Mass regularly?	Catholic Church?	
Yes	Yes	Yes	Yes	Yes	
No	No	No	No	No	
MOTHER:					
	First	Middle	Last (maiden)		
ADDRESS:					
	Street	City	State	and Zip	
PHONE NUMBER: EMAIL:					
Are you a	Have you received	Have you received	Are you attending	Married in the	
Baptized Catholic?	Holy Communion?	Confirmation?	Mass regularly?	Catholic Church?	
Yes	Yes	Yes	Yes	Yes	
No	No	No	No	No	

I do solemnly promise to accept the responsibility of training my child in the practice of the Catholic faith by word and example of bringing him/her up to know God's love, of keeping God's love, of keeping God's commandments as Christ taught us, and of loving God and neighbor. I certify that the above information is accurate and true to the best of my knowledge.