ST. ISAAC JOGUES CHURCH BAPTISM PREPARATION PROGRAM INFORMATION FORM

NAME OF CHILD		MIDDLE		LAST			
DATE OF BIRTH	C	ITY/STATE OF	BIRTH				
SEX OF CHILD							
CELEBRANT (if not a reg	gularly scheduled	baptism)					
DATE OF BAPTISM	T	IME OF BAPTI	SM				
FATHER'S NAMEFIRST		MIDDLE		LAST			
FATHER'S RELIGION _							
MOTHER'S NAME	FIRST	MIDDLE	MAIDEN		LAST		
MOTHER'S RELIGION _							
HOME ADDRESS	STREET	CITY		STATE		ZIP	
HOME TELEPHONE							
SPONSOR'S NAME	FIRST	MIDE	DLE		LAST		
SPONSOR'S RELIGION_							
SPONSOR'S NAME	FIRST	MIDE	DLE		LAST		
SPONSOR'S RELIGION_							
Was this child previously bap Was this child previously bap If yes, what denomination?	ptized in another re	eligious denomina					
Are you a registered member	of St. Isaac Jogue	es Parish? Yes	No				
	ELOW THIS LIN						
On the day of Baptism, pleas that the Baptism took place,				en sign bel	ow to	verif	
	(Name of	child)					
was baptized by		0	on				
	orant's signature)			(Date of baptism)			

FOR OFFICE USE ONLY

Baptism Class Scheduled for:					
(Date)					
Baptism Class Attended:(Date)					
Baptism Class Waived because:					
Special Baptism date requested:					
Special Baptism date approved by:					
Special Baptishi date approved by:					
Special Circumstances:					
PHONE CONTACTS					