

SACRAMENT OF BAPTISM ENROLLMENT FORM

FAMILY INFORMATION

Candidate's Full Name _____

Candidate's Birthdate _____ Place of Birth _____
(City, State, Country)

Father's Full Name _____

Mother's Full Name _____
(Include full birth name and maiden name)

Father's Religion _____ Mother's Religion _____

Mailing Address _____

Phone _____ Email _____

SPONSOR INFORMATION

Godfather/Christian Witness Name _____

Member of St Michael YES NO If not, what parish? _____

City, State of Parish _____

Godmother/Christian Witness Name _____

Member of St Michael YES NO If not, what parish? _____

City, State of Parish _____

OFFICE USE ONLY

Baptism Preparation Class attended _____ *(date)* _____ *(place)*

Registered at St Michael

Baptism Date _____ by _____

Father/Deacon Signature _____