

# ST. MARK THE EVANGELIST CATHOLIC CHURCH

## BAPTISM INFORMATION

Child's Name: \_\_\_\_\_ Male Female  
Last First Middle

Date of birth or Expectant Date: \_\_\_\_\_

Place of birth: \_\_\_\_\_ State Birth Certificate (Copy) Included: Yes No  
City State

**To Baptize at "St. Mark the Evangelist Catholic Church" parents or a family member must be registered with Parish.**

Are Parents registered? Yes No If no, where do you attend church? \_\_\_\_\_

Name of family member who is registered: \_\_\_\_\_

Parents are you married? Yes No In the Catholic Church? Yes No

Father's name: \_\_\_\_\_  
last first middle

Catholic? Yes No If no, what religion? \_\_\_\_\_

Please check sacraments received: \_\_\_ Baptism \_\_\_ Eucharist \_\_\_ Confirmation

Mother's name: \_\_\_\_\_  
maiden first middle

Catholic? Yes No If no, what religion? \_\_\_\_\_

Please check sacraments received: \_\_\_ Baptism \_\_\_ Eucharist \_\_\_ Confirmation

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell (hers) Cell (his)

E-Mail Address: \_\_\_\_\_

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Godfather: \_\_\_\_\_ married? Yes No  
last first middle

Documents to be Received: 1) Verification of Marriage in Catholic Church ..... Yes No

2) Confirmation Yes No 3) Date of Baptism Prep. Class \_\_\_\_\_

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Godmother: \_\_\_\_\_ married? Yes No  
last first middle

Documents to be Received: 1) Verification of Marriage in Catholic Church ..... Yes No

2) Confirmation Yes No 3) Date of Baptism Prep. Class \_\_\_\_\_

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Optional: Christian Witness: \_\_\_\_\_  
last first middle

Christian Witness: \_\_\_\_\_  
last first middle

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Date chosen for Child's Baptism (must verify with Baptism coordinator) \_\_\_\_\_

Time chosen for Child's Baptism Mass \_\_\_\_\_ or Rite \_\_\_\_\_

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### \*\* FOR OFFICE USE ONLY \*\*

_____ Recorded	Interviewed by _____
_____ Certificate Issued	Interview date _____
_____ Card To Archdiocese	Class date attended _____
_____ Data Services	Birth Certificate _____

Priest or Deacon baptizing Child:  
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