

Cathedral Basilica of Saint Augustine
Baptism Preparation Information
Fill out Completely

<i>Office Use Only</i>
Date _____
Time _____
Priest _____
Location _____

Please Print

INFORMATION ABOUT CHILD

Male _____ Female _____

Full Name of Child _____

- _____ Unborn – Expected Date of Birth: _____
- _____ Born -- Place and Date of Birth: _____
- _____ Adopted – Notes: _____

INFORMATION ABOUT PARENTS

Father's Full Name _____ Religion: _____

Mothers Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address(s) _____

Are you registered at the Cathedral Yes _____ No _____ If yes How Long _____

As parents of the child to be baptized,

were you married in the Catholic Church by a Catholic Priest? Yes _____ No _____

As a single parent of the child to be baptized,

Are you: Single _____ Divorced _____ Separated _____ Spouse Deceased _____

INFORMATION ABOUT GODPARENTS

Godfather's Name _____ Religion _____

Is Godfather baptized Yes _____ No _____ 1st Communion Yes _____ No _____ Confirmed Yes _____ No _____?

Is Godfather registered at Cathedral Yes _____ No _____?

If no, name and place of his parish/Church _____

Godmother's Name _____ Religion _____

Is Godmother baptized Yes _____ No _____ 1st Communion Yes _____ No _____ Confirmed Yes _____ No _____?

Is the Godmother registered at the Cathedral? Yes _____ No _____

If no, Name and place of her parish/Church _____

INFORMATION FOR BAPTISMS DONE FOR NON-PARISHIONERS

Name of Home Parish: _____ Address _____

Name of Parish Priest _____

Do you have a letter of permission from your Pastor? Yes _____ No _____

Do you have a letter stating you have completed baptismal preparation sessions? Yes _____ No _____

