



SAINT PAUL'S
CATHOLIC STUDENT CENTER

Baptism Form for Children

Baby's Full Name: _____

First

Middle

Last

Date of Birth: _____ Place of Birth (City, State): _____

Date of Baptism: _____ Name of Presiding Priest: _____

Father's Birth Name: _____

First

Middle

Last

Mother's *Birth* Name _____

First

Middle

Last (*Maiden Name*)

Father's Religion _____ Mother's Religion _____

Godparent 1: _____ / _____

Religion

Godparent 2: _____ / _____

Religion

Number of People Expected to Attend: _____