

SAINTS SIMON & JUDE



BAPTISM INTAKE

DATE _____

CHILD'S NAME _____
First Middle Last

M F BIRTH DATE _____ CHILD ADOPTED Yes No

CHILD'S PLACE OF BIRTH _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

REGISTERED PARISH _____

FATHER'S NAME _____
First Middle Last

FATHER'S RELIGION _____

MOTHER'S NAME _____
First Middle Last

MOTHER'S RELIGION _____

ONE GODPARENT MUST BE A FULLY INITIATED, PRACTICING CATHOLIC

GODFATHER'S NAME _____
First Middle Last

GODFATHER'S RELIGION _____

GODMOTHER'S NAME _____
First Middle Last

GODMOTHER'S RELIGION _____

FOR OFFICE USE ONLY

BAPTISM DATE _____ TIME OF BAPTISM _____ PRESIDER _____

Document Checklist:

- | | | | |
|------------|---------------------------------|-----------------------------------|--|
| Father: | <input type="checkbox"/> Intake | <input type="checkbox"/> Training | <input type="checkbox"/> Birth Certificate |
| Mother: | <input type="checkbox"/> Intake | <input type="checkbox"/> Training | <input type="checkbox"/> Fee |
| Godfather: | <input type="checkbox"/> Intake | <input type="checkbox"/> Training | <input type="checkbox"/> Out of Parish Boundary Letter |
| Godmother: | <input type="checkbox"/> Intake | <input type="checkbox"/> Training | |