

# SAINTS SIMON & JUDE



## SACRAMENT OF BAPTISM

Intake Child Form - For Infants & Children up to 6 years old

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
First Middle Last

M  F BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

**Please provide a copy of Birth Certificate**

CHILD'S PLACE OF BIRTH (CITY & STATE) \_\_\_\_\_

### Parent Information

FATHER: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street City State and Zip

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a Baptized Catholic?	Have you received Holy Communion?	Have you received Confirmation?	Are you attending Mass regularly?	Married in the Catholic Church?
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

MOTHER: \_\_\_\_\_  
First Middle Last **(maiden)**

ADDRESS: \_\_\_\_\_  
Street City State and Zip

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a Baptized Catholic?	Have you received Holy Communion?	Have you received Confirmation?	Are you attending Mass regularly?	Married in the Catholic Church?
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

**ONE GODPARENT MUST BE A FULLY INITIATED, PRACTICING CATHOLIC**

GODFATHER'S NAME \_\_\_\_\_  
First Middle Last

GODFATHER'S RELIGION \_\_\_\_\_ GODFATHER'S EMAIL \_\_\_\_\_

GODMOTHER'S NAME \_\_\_\_\_  
First Middle Last

GODMOTHER'S RELIGION \_\_\_\_\_ GODMOTHER'S EMAIL \_\_\_\_\_

I certify that the above information is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Father's Signature Date Mother's Signature Date

#### Document Checklist:

Father:  Intake  Training Godfather:  Intake  Training  Birth Certificate  Out of Parish Boundary Letter  
Mother:  Intake  Training Godmother:  Intake  Training  Fee