<u>Baptismal Intake Form</u>

	CH	ILD INFORMATION:	Date:
Child's Full Nar	ne:		
Child's Date of 1	Birth:	City:	State:
CON	TACT FOR	MATION (PARENT/GUA	ARDIAN):
Name:			
Phone Number (best phone numb		ı):	
When is the bes			
Address (Street	, City, State, Z	ip Code):	
Email Address:			
	PAR	ENT INFORMATION:	
Father's Full Na	ıme:		
Catholic: Ye	es No	Confirmed Catholic:	Yes No
Religion if not	Catholic:		
Mother's Full N (Maiden Name			
Catholic: Ye	es No	Confirmed Catholic:	Yes No
Religion if not	Catholic:		
Were you marri Yes No	· -	or deacon?	
Are you a paris	hioner of St. I	gnatius of Loyola or St. Mary	Parish?
Yes, St. Ign	atius of Loyol	a	
Yes, St. Ma	ry		
No			
<u> </u>	_	n are you registered with? Plecate if you have received per	

Baptismal Intake Form Cont.

Is this your first child? Yes No			
If not, where did you attend Baptism Preparation Class?			
GODPARENT INFORMATION:			
To be completed after attending baptismal preparation class and/or after meeting with the baptismal coordinator. For more help considering who you will choose as godparents for your child, see <i>The Role of the Godparent</i> resource available below.			
Name of Godfather:			
Is the Godfather Catholic? Yes No			
Religion if not Catholic:			
Name of Godmother:			
Is the Godmother Catholic? Yes No			
Religion if not Catholic:			
Is either Godparent represented by a proxy? If so, please write Name of Proxy below:			
Thank you for providing all the information above! Alexandra Landrigan, Baptism Coordinator, will be in touch via phone/email to discuss further details.			
Office Use Only			
Baptismal Class Attended (Date):			
Met with Father Andrew (Date):			
Received Godparent Forms: Godfather Godmother			
Baptism Date:			
Certificate Made:			
Recorded in Baptism Book:			
Celebrant's Signature:			