

# Request Intake Baptismal Form

Full Name of the Person to be baptized:

\_\_\_\_\_

Gender:            Male            Female

Date of Birth:    \_\_\_\_\_

Birthplace of person to be baptized:

City \_\_\_\_\_

State \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Present Address:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone:    (\_\_\_\_) \_\_\_\_\_

Cell Phone:    (\_\_\_\_) \_\_\_\_\_

Email 1:            \_\_\_\_\_

Email 2:            \_\_\_\_\_

Are you a Registered Parishioner of the Cathedral?      Yes   No

Place/Church Where You Were Married: \_\_\_\_\_

Sponsors/Godparents: (Full Name)

1st Sponsor: \_\_\_\_\_

1st Sponsor Religion: \_\_\_\_\_

2nd Sponsor: \_\_\_\_\_

2nd Sponsor Religion: \_\_\_\_\_

*\*\*The Pastor requires a letter from church of godparent stating that they are a parishioner in good standing of their home parish. Please obtain this from their church and bring to the Baptismal Prep Class.*

Date of Preparation class: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Time of Baptism: \_\_\_\_\_

Adoption:   Yes   No