

BAPTISMAL INFORMATION

What Parish are you currently registered at: _____

NAME OF CHILD: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

RELIGION: _____

MOTHER'S MAIDEN NAME: _____

RELIGION: _____

ADDRESS: _____

PHONE: _____

GODFATHER'S NAME: _____

RELIGION: _____

GODMOTHER'S NAME: _____

RELIGION: _____

CELEBRANT OF SACRAMENT: _____

DATE OF BAPTISM: (1st choice) _____ (2nd choice) _____

- **One godparent must be a Catholic, the other should be a baptized Christian.**
- **Godparents need not be one male and one female.**
- **One Godparent is acceptable if you wish.**

Please return this form to the parish office at:

**St. Nicholas Catholic Church
6461 E. St. Nicholas Dr.
Sunman, Indiana 47041
(812)623.2964**

Bulletin: _____

Parish Record: _____

Book: _____