

Date of Workshop: _____

Language of Baptism: _____

Location of Baptism: _____

Office Use Only

Date of Baptism: _____

Mass: _____ During or After Celebrant: _____

Date Baptism was Scheduled: _____ by: _____

Baptism Information Form

To schedule the baptism (after the workshop is completed) or for questions about this form please contact the appropriate contact for each campus in our Family of Parishes...

Deb Danner	St. Helen	937-256-6233	deb.danner@sthelenparish.org
Will Marsh	St. Anthony, Holy Angels & Immaculate	937-252-9919	willmarsh@icparishdayton.org
Maria Leticia Castillo	St. Mary	937-258-1309	mlcastillo@stmarydayton.org

Child's Information

First Name: _____ Middle Name: _____

Last Name: _____ Male Female

Date of Birth: _____ Place of Birth (City, State): _____

Has the child been privately baptized? Yes No

Parent's Information

Father's Name: _____

Father's Religion: _____

Mother's Name: _____

Mother's Religion: _____ Maiden Name (if applicable): _____

Godparent's Information

Godfather's Name: _____

Godfather's Religion: _____

Godmother's Name: _____

Godmother's Religion: _____

Will either Godparent be represented by a proxy? Yes No If yes, name(s): _____

Contact Information

Mailing Address: _____

Email Address(es): _____

Phone Number(s): _____

Reserve Pews? Yes No If yes, how many? _____

Present Parish*: _____ City: _____

**If a family is registered at a parish outside of the Bread of Life / Pan de Vida family of parishes, then a letter from the pastor of the family's home parish granting permission for the baptism to happen in one of our parishes is required.*

Office Use Only (After the Baptism)

Certificate _____

Database _____

Register _____