

Guardian Angels Catholic Church

Baptism Information Form

Child's Name: _____
Last First Middle

Sex of Child: Male: _____ Female: _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State

Name of Father: _____
Last First Middle

Father's Religious Denomination: _____

Name of Mother: _____
Last First Middle Maiden

Mother's Religious Denomination: _____

Home Address: _____
Street City/State Zip

Cell Phone: (____) _____ Email: _____ Work Phone: (____) _____
Mother Mother

Are Parent(s) Registered at GA? _____ If Yes, How Long Have You Been A Parishioner? _____

If No, What Parish Are You Registered In? _____

Married: _____ Not Married: _____ Is Father's name on the birth certificate? Yes: _____ No: _____

If married, were parents married in the Catholic Church by a Priest or Deacon? Yes: _____ No: _____

Have you attended a baptism preparation class before: Yes: _____ No: _____

If you have attended a baptism preparation class before, please list the date(s): _____

If you haven't attended a preparation class before please list dates of current class: _____

Date of Baptism: _____ Mass Time: _____ Priest/Deacon: _____

Godparent Requirements and Information

Godparents must be:

+At least 16 years old

+Fully initiated into the Catholic Faith (i.e., have received the Sacraments of Baptism, Eucharist and Confirmation)

+Active practicing Catholic

Godfather's Name: _____ Denomination: _____

Godmother's Name: _____ Denomination: _____