

Family Name: _____ Date: _____

**ST. JOHN OF THE CROSS
Baptismal Questionnaire**

Child		
Name: _____	Male []	Female []
Date of Birth: _____	City & State of Birth: _____	
Has your child been privately baptized?	Yes	No

Parents

Father: _____ Religion: _____ Confirmed: _____
First Middle Last

Mother: _____ Religion: _____ Confirmed: _____
First Middle Maiden

Home Address: _____

City/State/Zip: _____ Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Marital Status : Married Single Divorced Separated Widowed

How long have you been married? (If Married) _____

City/State of Wedding: _____ Were you married in Church: _____

Name of Church: _____ Is this your first Marriage: _____

Godparents (MUST BE CONFIRMED)

Godmother: _____ Religion _____
First Middle/Maiden Last

Godfather: _____ Religion _____
First Middle Last

Proxy: _____ Religion _____

(A letter from their pastor is necessary to confirm they are practicing their faith).

Parish Census Update

Are you a registered member of St. John of the Cross? Y / N For how long? _____

Have you changed address since registering? Y / N

Are you using parish support envelopes? Y / N

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For Parish Use Only...

Seminar Needed? Y / N Date of Seminar Attended: _____

Anticipated Baptism Date: _____ Anticipated Baptism Time: _____

Sacrament administered on: _____ Baptizing Clergy: _____