

Infant Baptism—General Information Form

Date: _____

Child Information

Full Name: _____

Date of Baptism ___/___/___ Gender: Male Female

Date of Birth ___/___/___ Place of Birth _____
(city, state)

Father Information

Father's Full Name: _____

Address _____

City/State _____ e-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Religion: _____ Registered at This Parish? Yes No

If Catholic, have you received First Communion? Yes No At What Church? _____

If Catholic, have you received Confirmation? Yes No At What Church? _____

Marital Status: (Check **all** that apply): Single Separated

First Marriage Divorced Remarried Widowed

Married more than twice Annulled Engaged-Wedding Date: _____

Mother Information

Mother's Full Maiden Name: _____

Address (if different than above) _____

City/State _____ e-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Religion: _____ Registered at This Parish? Yes No

If Catholic, have you received First Communion? Yes No At What Church? _____

If Catholic, have you received Confirmation? Yes No At What Church? _____

Marital Status: (Check **all** that apply): Single Separated

First Marriage Divorced Remarried Widowed

Married more than twice Annulled Engaged-Wedding Date: _____

Parent Information

Location of Wedding _____
(city, state, church name and denomination, or court house, etc.)

If not married in a Catholic Church, was a dispensation granted, or has the marriage been received into the Church? Yes No If not, Fr. Stephen and a staff member are available to discuss this process with you.

If parents of this child are not married, are you planning on getting married to one another? Yes No
If yes, When? _____ Where? _____
(location, city, state)

Comments: _____

(Please complete other side)

Godparent Information Form

At least one Catholic Godparent is required. 2 Catholic sponsors are preferred to assist in your child's faith formation. A non-Catholic along with a Catholic may be chosen. A non-Catholic is considered to be a Christian Witness.

Please complete 2 of the 3 following sections that apply:

Godfather: Name _____ Religion: Catholic

Address _____ Date of Baptism class _____

City/State _____ e-mail address: _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Over 16 years of age? Yes No Baptized and Confirmed in the Catholic faith? Yes No

Currently Practicing the Catholic faith (attending Mass regularly, receiving the sacraments)? Yes No

Currently Registered at _____
(parish name, city, state)

Marital Status (Check **all** that apply): First Marriage Single Divorced
Married more than twice Annulled Remarried Widowed

If married, location of Wedding _____
(city, state, church name and denomination, or court house, etc.)

If not married in a Catholic Church, was a dispensation granted, or has the marriage been received into the Church?

Yes No *The marriage must be recognized by the Church in order to be a godparent.*

Godmother: Name _____ Religion: Catholic

Address _____ Date of Baptism class _____

City/State _____ e-mail address: _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Over 16 years of age? Yes No Baptized and Confirmed in the Catholic faith? Yes No

Currently Practicing the Catholic faith (attending Mass regularly, receiving the sacraments)? Yes No

Currently Registered at _____
(parish name, city, state)

Marital Status (Check **all** that apply): First Marriage Single Divorced
Married more than twice Annulled Remarried Widowed

If married, location of Wedding _____
(city, state, church name and denomination, or court house, etc.)

If not married in a Catholic Church, was a dispensation granted, or has the marriage been received into the Church?

Yes No *The marriage must be recognized by the Church in order to be a godparent.*

Christian Witness: Name _____ Religion: _____

Address _____ Date of Baptism class _____

City/State _____ e-mail address: _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Over 16 years of age Yes No Baptized Christian belonging to a church community? Yes No
Currently Registered and attending services at:

(church name, denomination, city, state)

PLEASE USE INK
 PLEASE PRINT
 DO NOT WRITE IN
 FIRST COLUMN

HOLY FAMILY CATHOLIC CHURCH
 2606 Washington Avenue
 Granite City, IL 62040-4810
 618-877-7158

TODAY'S DATE:

	HUSBAND OR SINGLE MALE	WIFE OR SINGLE FEMALE
Title: (Circle One)	Mr. Dr. Other	Mrs. Miss Ms. Dr. Other
Name: (First—Middle or Maiden—Last)		
Date of Birth		
Sex: (Circle One)	Male	Female
Preferred or Nickname		
Address		
City, State, Zip		
Envelope Number: Tell us if you are <u>not</u> receiving them, but would like to.		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Pager #:		
Fax #:		
Marital Status:		
Married by a Catholic Priest or Deacon?		
Anniversary Date:		
Occupation:		
Employer:		
Baptized:		
Confirmed:		
Religion:		

CHILDREN UNDER THE AGE OF 21 LIVING IN YOUR HOUSEHOLD

Name (first, middle, last)	Birth date	Sex	Grade	School	Baptized	Confirmed
1.					Yes Or No	Yes Or No
2.					Yes Or No	Yes Or No
3.					Yes Or No	Yes Or No
4.					Yes Or No	Yes Or No
5.					Yes Or No	Yes Or No
6.					Yes Or No	Yes Or No

Any children living at home 21 years of age or older should register with the parish on their own.

Please circle the ministries you are willing to serve.
Please **DO NOT** mark the boxes if you are already participating in that ministry.

150 Club	St. Anne Ladies Sodality	Right to Life
Altar Server	Reader	GC Rock Youth Group
Arts & Environment	Men's Club	School Board
Wednesday Eucharistic Adorer	Ministers of Care/Comm to Homebound	Senior Luncheon
Bible Study	Ministers of Compassion	Special Friends (funeral lunches)
Bingo Worker	Music Ministry	Ushers
Chicken Dinner	Parish Finance Council	Young at Heart
Extraordinary Minister of Communion	Parish School Assoc. (PSA)	Parish Pastoral Council
Fish Fry	Parish School of Religion (PSR)	
Gift Bearer	Prayer Line	
Greeter	Quilters	
Heavenly Duster	RCIA-Rite of Christian Initiation of Adults	