



HOLY SPIRIT FREMONT

Baptism Intake Form

Today's Date: _____

(If child is over 7 he/she must be reg. in Faith Formation)

Child's Full Name: _____

(First)

(Middle)

(Last)

Date of Birth: _____ City/State: _____

Mother's Name: _____ Catholic? Yes / No

(First)

(Maiden Name)

(Last)

(Circle)

Father's Name: _____ Catholic? Yes / No

(First)

(Middle)

(Last)

(Circle)

Address: _____

City/Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Are you registered at Holy Spirit? If yes, family ID # _____

If no, permission letter from your parish priest provided _____

Sponsor/Godmother Name: _____ Catholic or Christian Witness

Sponsor/Godfather Name: _____ Catholic or Christian Witness

Proxy for Godmother or Godfather (circle one)

Proxy Name: _____

Have you received the Sacrament of Marriage in the Catholic Church? Yes / No (circle)

(If yes, please provide details)

Wedding date: _____

Church name: _____

City/State: _____

Clergy name: _____

Office / Prep Class Use Only

HSC Prep Class Date: _____

Offering paid \$ _____ check/cash
credit card

Teacher Name: _____

Special Instructions: _____

Parents attended? Yes / No

Godparents attended? Yes / No

Baptism Date: _____

Attended Elsewhere? _____

Celebrant: _____

Verified:

Bus. Mgr _____ Cert. Mailed _____ Recorded _____

Interviewed by: _____