



NORTHWEST PASTORAL REGION BAPTISM INFORMATION

Church where baptism will occur: Precious Blood ___ St. Paul ___ St. Rita ___
** Return to the Church Office where the baptism is to occur**

Name of Child: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ City & State of Birth: _____

Name of Father: _____
(First) (Middle) (Last)

Catholic ___ Non-Catholic ___

Address: _____

City, State & Zip Code: _____

Phone: _____

Name of Mother: _____
(First) (Middle) (Madien)

Catholic ___ Non-Catholic ___

Address: _____

City, State & Zip Code: _____

Phone: _____

Name of God -Father: _____
(First) (Middle) (Last)

Catholic ___ Non-Catholic ___

Name of God-Mother: _____
(First) (Middle) (Last)

Catholic ___ Non-Catholic ___

Date and Time of Baptism: **1st Choice:** _____

2nd Choice: _____