

St. Andrew the Apostle Catholic Church

Baptismal Information Form

PLEASE PRINT *(this information will be used for your child's baptismal certificate)*

Date: _____

Name of Child _____

Place of Birth _____

Date of Birth _____

Desired Date of Baptism _____

Address _____

Home Telephone No. _____ Registered in Parish? _____

Work Telephone No. _____ (husband/wife)

Father's Name _____

Father's Religion _____

Mother's Maiden Name _____

Mother's Religion _____

Were Parents married by a Catholic Priest or Deacon, in the Catholic Church? (Y/N)

Name of Godfather _____

Is Godfather Catholic? _____

Name of Godmother _____

Is Godmother Catholic? _____

Any donation you wish to make to the priest or the church can be presented at the time of the baptism or mailed to the parish office: 6720 Union Mill RD, Clifton, VA 20124.