(OFFICE USE ONLY) All Boxes are to be checked before a date is given.	Active Parishioner:	Baptismal Class Completed:	Godparents Letters Completed:	Father Cath: Y-N Mother Cath: Y-N

Date Received: _____ (Please download, complete and mail/scan to the Office)

O.L.S.H. Information PRE-BAPTISMAL

FAMILY NAME: _____

FATHER'S NAME: _____
First M.I. Last

MOTHER'S NAME: _____
First M.I. **MAIDEN NAME**

HOME ADDRESS: _____
Street City/State Zip

PHONE NUMBER: _____ REGISTERD AT O.L.S.H? ____ Yes ____ No

PLACE OF MARRIAGE: _____
Church City/State

DATE BABY DUE: _____ NUMBER OF CHILDREN: _____

BAPTISMAL CLASS:
SCHEDULED FOR _____ LAST ATTENDED: _____

NAME OF CHILD TO BE BAPTIZED: _____
First Middle Last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
City/State

WAS CHILD PRIVATELY BAPTIZED? ___ YES ___ NO WHERE? _____

DOES CHILD HAVE HANDICAPPING CONDITION: _____

NAME OF GODFATHER: _____ (CW _____)

PARISH: _____

LETTER OF RECOMMENDATION SUBMITTED ON: _____

NAME OF GODMOTHER: _____ (CW _____)

PARISH: _____

LETTER OF RECOMMENDATION SUBMITTED ON: _____

FOR OFFICE USE ONLY:

DATE OF BAPTISM: _____ TIME: _____ ___ CHURCH ___ CHAPEL

MINISTER OF BAPTISM: _____