



BAPTISMAL INFORMATION FORM

ST. ANN CATHOLIC CHURCH

475 9th Avenue South, Naples, FL 34102
(239) 262-4256

Child's Legal Name: _____ Gender: _____
First Middle Last M/F

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Birthdate: _____
Month/Day/Year

Baptismal Date: _____ (Please One) _____ During Liturgy OR _____ After Liturgy
Month/Day/Year

Birth Place: _____ Country: _____
City/State

Father's Legal Name: _____ Religion: _____
First Last

Mother's Legal Name: _____ Religion: _____
First Maiden

Registered Parishioners at St. Ann Parish? YES _____ NO _____
Child's parents' marriage performed by a Catholic Priest? YES _____ NO _____

(*Note: One Godparent must be at least 16 years old, and a fully initiated member of the Roman Catholic Church, having celebrated the Sacraments of Baptism, Confirmation and Eucharist.*)

Godfather's Full Name: _____ Religion: _____
First Last

Godmother's Full Name: _____ Religion: _____
First Last

"By signing this form, I/We certify that the above information is accurate and true."

Father's Signature Date

Mother's Signature Date

FOR OFFICE USE ONLY:

Name of Clergy Performing Baptism: _____

Parental Baptismal Preparation Class: _____
Place Date

Baptism announcement in church bulletin? YES _____ NO _____