## **Baptism Inquiry Form**

Baptisms are held on Saturdays by appointment or the 2nd and 4th Sundays of the month. For additional information, please contact Rita Danhardt at 410-289-7038 or religioused@stmaryholysavior.com.

Name of Child:					
	First		Middle		Last
Date of Birth:	· · · · · · · · · · · · · · · · · · ·		Place of Birth:	· · · · · · · · · · · · · · · · · · ·	
month	day	year		City	State
Gender (male/female): _			Registered in Pa	rish (Yes/No):	
		Pa	rent Information		
Father's Name:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	First		Middle		Last
Father's Religion:	<del> </del>		_		
Mother's Name:	First		Middle	Last	Maiden (Required)
Mother's Religion:			_		
Address:					
Primary Phone:			Cell Phone	e:	
Married (Yes/No):	In the C	atholic Chur	ch (Yes/No):	Wedding Date: _	
Name of Church:			(	Dity:	State:
		God	parent Information		
Godfather's Name:					
Godfather's Religion:	First dfather's Religion:			Middle Last Baptized (Yes/No):	
Godmother's Name:	First		Middle		Last
Godmother's Religion:	gion: Ba			aptized (Yes/No): _	
Office Use Only:					
Date Received Inquiry Fo					
Dates of Baptism Preparation: Date Baptized:					
Place of Baptism:					
Celebrant's Name:					
Recorded in Register (Ye	es/No):		PI	DS Updated (Yes/N	o):