

DATA OF BAPTISM
Please Print - Use Full Names
Answer Each Question As Completely As Possible

Name of Child _____ Male Female

Date of Birth _____ City & State of Birth _____

Father's Full Name _____ Religion _____
(First) (Middle) (Last)

Mother's Full Name _____ Religion _____
(First) (Middle) (Maiden Name)

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile Phone _____

Email _____

Parents Married by _____ Church _____ Date _____

Child's Godfather _____ Religion _____

Child's Godmother _____ Religion _____

Baptism to be performed by _____ Date _____

- Baptism at St. John the Evangelist Baptism at Blessed Sacrament
- by Immersion by Pouring of Water

If Baptism is during Mass, how many pews would you like reserved for family and guests? _____

If your family would like to bring up the gifts during Mass please contact Arleen Christopherson at 810-653-1766 for St. John or Gail Fielder at 810-743-7841 for Blessed Sacrament.

Name of Church you are now registered in _____
(Church) (City) (State)

If you are not registered at St. John or Blessed Sacrament, do you wish to be registered? YES NO

Please list names of your other children

PLEASE RETURN THIS FORM TO
The Catholic Community of
St. John the Evangelist and Blessed Sacrament
404 N. Dayton Street 6340 Roberta Street
Davison, Michigan 48423 & Burton, Michigan 48509
(810) 653-2377 Fax: (810) 658-1123 (810) 742-3151 Fax: (810)742-1409

PARISH OFFICE CAMPUS, 404 BUILDING
TWO WEEKS PRIOR TO BAPTISM DATE
God bless you and your child