This form due at least 14 days before baptism date.



Priest or Deacon:

4690 Bald Eagle Avenue White Bear Lake, MN 55110 (651)429-7771

Sacramental Recording:_____

Parish Soft/CN Recording: ____

Baptismal Information Sheet Family Name: \$30 Admin fee Cash/Check # Address: (street) (city) (zip code) Telephone Number: Email Address: If you wish to reserve Mass pews for your family and guests, what is the number of places you would like reserved? **Recording and Certification Information** Please give full legal names and print neatly. Divorced **Parents:** Married Single Separated Father: (middle) (first) (last) Father's Religion: Mother: (middle) (first) (maiden) (last) Mother's Religion: Child to be Baptized: Birth certificate attached to this form (required) Name: (first) (middle) (last) Date of Birth: (month day (male) (female) year) Place of Birth: __ (city) (state) (county) Godparent(s): ___ (full legal name - male) (full legal name - female) Office Use Only Date of Baptismal Class: Date of Baptism: