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: _____

AKE	Dant	lama I Informa	4iam Chast		(651)429-7771
	Бари	ismal Informa	mon Sneet		
Family Name:					
					\$30 Admin fee Cash/Check #
	(street)	(city)		(zip code)	
Telephone Number:					
Email Address:					
	ve Mass pews for you		sts,		
what is the number	of places you would	like reserved? and Certificat	ion Informat	ion	
Please give full	l legal names and pri	nt neatly. This in	tormation must i	natch the birth c	ertificate.
Parents:	Married		Divorced		
	Single		Separated		
Father:					
(first)		(middle)		(last)	
Father's Religion: _			_		
Mother:					
(first)	(mid		(maiden)	(last)	
Mother's Religion:			_		
Child to be Rant	tized: Birth certi	ficata attacha	d to this form	(required)	
Ciliu to be Dap	nzeu. Dittil certi	mait anacht	u to this form	i (requireu)	
Name:(first)		(middle)		(last)	
		(middic)		(last)	
Date of Birth:	(month day year)	_	(male) (fem	nale)
Place of Birth:					
	(city)	(state)		(county)	
Godparent(s): _					
	(full legal name - male)				
_	(full legal name - female	2)			
	(run regui nume remaie	Office Use O	nlv		
Data of Dantismal Class			•		
	::				
Date of Baptism:					