

Please Type. Save this form after completing, then email to tgreely@staloysiusparish.com

V 1				
Child's Full Name:				
Firs	t Middle	Last	Nickname (Informal I	Name)
	/ City/State of			
Is the child adopted?	(Ves or No)		Genuer:	
	ed already in another Christian den	omination/religion, the C	Catholic Church does not re-bantize	but he/she
	ommunion in the Catholic Church to			
	baptism after birth, the elements of t			
Please list three baptisma	<mark>al dates.  The date scheduled is based i</mark>	<mark>ipon availability and will l</mark>	<mark>be confirmed by email from the Paris</mark> l	n Office.
1st Choice: Date:	_/ Time: 2 <sup>nd</sup> Choice: Date	e:/ Time:	3 <sup>rd</sup> Choice: Date: / Ti	ime:
Father's Name:	Middle Name			
First	<b>Middle Name</b>	Last	Nickname (Informal No	ame)
Mother's Name:				
First	Middle Birth Name	Maiden	Last Nickname (Inform	mal Name)
Home Phone:				,
Father's Cell·		Mother's Cell·		
rather seen.		Mother 3 cen		
Father's Email		Mother's Emai	l·	
Tather 5 Eman.		Mother 5 Emai		
Father's Religion:		Mother's: Relig	oion:	
			5.0	
(Number & Str		(City)	(State) (Z	Zin Codo
,	,		(State) (2	up Coae)
Are you registered pari	shioners at St. Aloysius?	_		
D / 1/	I. D. C.	641 1 4 1	• 41 1 4 7	
	complete a Baptism Seminar i	f they have not done	so in the last 5 years.	
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Date of Baptism Semina				
Date of Baptism Semina Name of Catholic Chur	ar: ch Parish where attended:			
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