



ST. ALOYSIUS CATHOLIC CHURCH

CHILD INFORMATION

Full Name: _____
First Middle Last Nickname (Informal Name)

Date of Birth: ____/____/____ City/State of Birth: _____

Gender: Male Female Is this your first child? yes no Is this child adopted? yes no

Please list three baptismal dates. The date scheduled is based upon availability and will be confirmed by email from the Parish Office. The baptismal schedule is available on <https://www.aloysius.org/baptism>.

1st Choice Date/Time: _____ 2nd Choice Date/Time: _____ 3rd Choice Date/Time: _____

PARENT INFORMATION

Father's Name: _____
First Middle Name Last Nickname (Informal Name)

Mother's Name: _____
First Middle Name Maiden Last Nickname (Informal Name)

Father's Cell: _____ Mother's Cell: _____

Father's Email: _____ Mother's Email: _____

Father's Religion: _____ Mother's Religion: _____

Address: _____

Are you registered parishioners at St. Aloysius? yes no

Have you attended a baptismal seminar in the past 5 years: yes no

Date of Baptismal Seminar: _____ Church Parish where attended: _____

GODPARENT/CHRISTIAN SPONSOR INFORMATION

Godparents must (1) have received Sacrament of Confirmation in the Catholic Church; (2) if married, the Sacrament of Marriage [i.e., married by Catholic priest or deacon in a Catholic Church, or married with a Dispensation from Canonical Form]; (3) regularly attend Mass on Sundays & Holy Days of Obligation & able to receive Holy Communion in a state of grace; (4) be at least 16 years of age; and (5) and not be the biological parent, adoptive parent, or step-parent.

Godfather's Name: _____
First Middle Name Last

Religion: _____ Church Parish: _____ Confirmed? yes no

Godmother's Name: _____
First Middle Name Maiden Last

Religion: _____ Church Parish: _____ Confirmed? yes no

Save this form after completing, and email to ldoyle@staloysiusparish.com. All paperwork must be received before we will schedule your child's baptism.