## CATHEDRAL OF THE ASSUMPTION Email: cathedral@vincysurf.com

TEL: 784-456-1408 FAX: 784-456-2251

## **DATA FOR BAPTISM**

Given Names	PRINT IN B	LOCK LETTERS	Surno	ıme:		
Date of Birth:	///////	Country	of Birth:			
Father's Nam	e:					
Mother's Nan	me: Maiden Name:					
Address:	Tel. No					
PARENTS IN	<u>FORMATION</u>					
1. Religion (A	Nother)	Baptised [	1st Comm	nunion Co	onfirmed 🗆	
<b>2.</b> Religion (F	ather)	Baptised	1 <sup>st</sup> Comm	nunion Co	onfirmed [	
3. What Mas	s do you attend and where?	?				
4. No. of chile	dren: Baptised?	Name of Chu	ırch			
<b>5.</b> Do they at	tend religion class?	Where?				
GODPARENT	IS INFORMATION	Baptise	d 1 <sup>st</sup> Com	munion Con	firmed	
Godfather's I	Name:					
Godmother's	Name:					
	If you wish to invite a Chris	tian Witness, please s		ictor.		
TO BE COMPLETED BY CATECHIST Baptismal Information		A	ATTENDENCE OF CLASSES			
		Father	Mother	G/ Father	G/ Mothe	
Data of	1					
Date of Baptismal	2					
Instructions	3 4	<u> </u>				
	5					
Date and Tim	ne of Baptism:	Mi	nister:			

N.B. A Godparent male or female must be 16 and over, confirmed and active in the practice of the Catholic Faith. A baptised person, not a Catholic, may be a "Christian Witness" to the baptism.