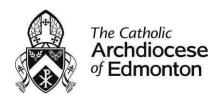
ROMAN CATHOLIC BAPTISM INFORMATION FORM



Misericordia Hospital

	PLEASE PRINT CLEARLY – CORRECT SPELLING OF NAMES IS MOST IMPORTANT	
CHILD'S NAME: (surname)(given names)	
GENDER: □ M □ F		
DATE OF BIRTH OF CHILD:	PLACE:	
MOTHER'S NAME: (maiden name)(given names)	
FATHER'S NAME: (surname)(given names)	
PARENTS' NAME & ADDRESS WHERE THE BAPTISM CERTIFICATE IS TO BE MAILED:		
CITY/TOWN:POSTALCODE:	PHONE:	
DATE OF BAPTISM:		
CONFIRMATION: Y N If Yes, Date & Name of Priest:		
BAPTIZED BY (Signature):		
(Print Name):		
We consent to the Baptism of the above-named child:		
Signature (Mother)	Signature (Father)	
Print Name		
	Print Name	
If there is only one parent's consent, please give reason(s) why t		
If there is only one parent's consent, please give reason(s) why t		
	the other parent's consent is not included:	
Please ensure that a sponsor(s) is(are) chosen, even if it is after th	the other parent's consent is not included:	
Please ensure that a sponsor(s) is(are) chosen, even if it is after the SPONSOR(S):	the other parent's consent is not included:	
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Please ensure that a sponsor(s) is(are) chosen, even if it is after the SPONSOR(S): PROXY(S):	the other parent's consent is not included:	
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Please ensure that a sponsor(s) is(are) chosen, even if it is after the SPONSOR(S): PROXY(S): Comments or Notes (If Any): PLEASE RETURN THIS FORM TO ANNUNCIATION PARISH FOR	the other parent's consent is not included: Baptism.	