

Holy Ghost Catholic Church ~ Hammond, Louisiana

INFORMATION FORM FOR BAPTISM

Child's Name: _____
First Middle Last (Family)

Date of Birth: ____/____/____ Place of Birth: _____
Month / Day / Year City State

Date of Baptism: _____ Name of Presider: _____

Preferred Mass time (please check): **4pm** **7:30am** **9:30am**

****Baptisms are considered private because they take place following the mass; therefore, we do not schedule baptisms outside of the monthly dates and times offered. ****

About the parents:

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Maiden

Parents' Address: _____
Street / Mailing

PHONE:(____) _____
City State Zip

Father's Religion: _____ Active/Practicing: Yes No

Mothers' Religion: _____ Active/Practicing: Yes No

Are you registered at Holy Ghost? Yes No Parish ID # _____

Mass Attendance: Regularly Sometimes Almost Never

Where were you married? _____
Name of the Church / other City State Zip

Please note: If you were married outside of the Catholic Church, your marriage should be validated (blessed). We encourage you to schedule an appointment with one of our priests to begin the validation process.

Parents and Godparents must attend a baptismal seminar prior to the sacrament. List the names of the godparents you have chosen and note when and where each attended a baptismal preparation seminar.

Godfather: _____ (____) _____
First Middle Last Phone
 Catholic: Yes No Practicing: Yes No Attended Seminar: Yes No _____
Date Where

Godmother: _____ (____) _____
First Middle Last Phone
 Catholic: Yes No Practicing: Yes No Attended Seminar: Yes No _____
Date Where

Proxy: _____ (____) _____
First Middle Last Phone
 Catholic: Yes No Practicing: Yes No Attended Seminar: Yes No _____
Date Where

Office use only: Certificate printed/given _____ Recorded: PDS _____
 Book _____