



St. John Paul II Scioto Catholic Parish

Baptismal Intake Form

Today's Date: _____ Desired Date of Baptism: _____

Desired Campus of Baptism: _____

Date of Completion of Baptismal Preparation: _____

Name of Child: _____ Adopted? Yes: _____ No: _____

Male: _____ Female: _____ Phone: _____

Address: _____

Place of Birth: _____

Date of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name (Maiden): _____ Religion: _____

Parish of Registration: _____

If the parish of registration is not St. John Paul II Scioto Catholic Parish, a letter of permission from their pastor must be obtained.

Married by a Catholic Priest or Deacon: Yes: _____ No: _____

(if not, please indicate marital status) _____

Godfather's Name: _____ Religion: _____

Parish of Registration: _____

Godmother's Name: _____ Religion: _____

Parish of Registration: _____

*Godparents must be practicing Catholic If they are registered at St. John Paul II Scioto Catholic Parish, each godparent **must** fill out a **Sponsorship Request Form**.*

*If they are not registered at St. John Paul II Scioto Catholic Parish, they **must** provide a letter of suitability from their pastor prior to the baptism.*

Will both godparents be present for the Baptism? Yes: _____ No: _____

Office Use Only:

Name of church representative providing instruction: _____

Priest/Deacon Performing Baptism: _____ Recorded in Register: _____

Certificate Give to Pastor for Signature: _____

Certificate Mailed to Parents: _____