



**St. Katharine Drexel Parish  
Baptism Request Form**

**Baptismal Information**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Place of Marriage \_\_\_\_\_

Godfather's Name \_\_\_\_\_ Religion \_\_\_\_\_

Godmother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Requested Date of Baptism \_\_\_\_\_

**Contact Information**

Contact Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**For Administration Below**

Date of Baptism \_\_\_\_\_

Additional Admin Info \_\_\_\_\_

\_\_\_\_\_ Census      \_\_\_\_\_ Letter      \_\_\_\_\_ Register