Baptism Information Form

All families must fill out this form and hand it in to the Faith Formation office at SJB.

Legal Name _____
First Middle Last

Birth Date _____ City of Birth _____

Church of Baptism _____

Baptism Date _____ Priest's Name _____

*****If your child was NOT baptized at St. John the Baptist please**

1. **Fill out the remaining information on this form**
2. **Call the Church where your child was baptized and have them send a sacramental record directly to us here at St. John's. This is an official document of the Church and must be received within 6 months prior to the reception of Sacrament. They may send it to:**

St. John the Baptist Catholic Parish
Attn: Faith Formation
680 Mill Street
Excelsior, MN 55331

Parents Names:

Father _____
First Middle Last

Mother _____
First Maiden Last

Godparents Name:

Godfather _____
First Middle Last

Godmother _____
First Middle Last