

Prince of Peace Parish Infant Baptism Intake Form

811 Chestnut Ave, Northern Cambria, PA 15714 Tel. (814) 948-6842 , Email popnc@dioceseaj.org

Date of Baptism _____ Time _____

Child's Legal Name _____
Last First Middle

Male _____ Female _____ Date of Birth _____

Place of Birth _____
City State Country

Child's Address _____
Street City State Zip

Home Phone # _____ Work or Cell # _____

Email Address _____

Father's Name _____
Last First Middle

Mother's Name _____
Last (Maiden) First Middle

Godfather's (or Witness) Name _____

Godfather's (or Witness) Religion _____ If Catholic, has he been Confirmed? _____

Godfather's Marital Status _____ if married, was marriage celebrated in the Catholic Church? _____

Godmother's (or Witness) Name _____

Godmother's (or Witness) Religion _____ If Catholic, has she been Confirmed? _____

Godmother's Marital Status _____ if married, was marriage celebrated in the Catholic Church? _____

Proxy (if needed) _____

FOR OFFICE USE ONLY

Date child was baptized _____

Signature of Priest/Deacon who administered baptism _____

Recorded in Baptismal Register: page _____ record # _____ Logged by _____

Baptism certificate mailed on _____ Baptism recorded in PDS on _____