Baptism Information Form

Please list 3 dates & times in prefere	ence order of w	hen you would	d like your chil	d to be Baptized
1/	Circle One:	Sat 5:30pm	Sun 8:00am	Sun 10:00am
2/	Circle One:	Sat 5:30pm	Sun 8:00am	Sun 10:00am
3/	_ Circle One:	Sat 5:30pm	Sun 8:00am	Sun 10:00am
Full Name of Baby:	Gender:			
Date of Birth:/	Place of	Birth: (City, St	ate)	
Full Name of Father: Catholic? Yes / No				
Full Name of Mother, including Mai	den name:			
Catholic? Yes/No				
Mailing Address:				
Phone Number:				
Name of God-Father:			C	atholic? Yes / No
Name of God-Mother:			Ca	atholic? Yes / No
Is it Okay to post a Baptismal Picture	e with names o	n Face Book?	Yes / No	
Is this your FIRST child? Yes / No				

BAPTISMAL CLASS REQUIRED

- ➤ If you have taken the Baptismal Class with a previous child, please provide a copy of the Certification of Completion upon turning this form in. If you cannot find it, you can contact St. Louis and they will send us an email confirming the details.
- If you have <u>not</u> taken a Baptismal Class with a previous child or this is your first child, call Holy Family Church in Oldenburg, IN to attend a <u>FREE</u> (45 minute) Baptismal Preparation Class. ADDRESS: 3027 Pearl Street Oldenburg, IN 47036
 - o Call Beth Geis at (812)-934-3013 or email at holyfamilybeth@gmail.com
 - Class is offered every other Monday & every Tuesday evening anytime between
 3:00 7:00 pm.