

Baptismal Information Form

CHURCH OF OUR LADY OF VICTORY, 207 North Vine Street, Fergus Falls, MN 56537
jennifer@ffolvchurch.org (218) 736-2429 Ext. 15

Please Print

Child Information (if all the information isn't known, we will fill it in later)

Full Name: _____ This is our _____ child.

Date of Birth: _____ Place of Birth: _____

Was the child adopted: yes _____ no _____

Was the child privately baptized (home, hospital, other): yes _____ no _____

Father's Full Name: _____

Religious Affiliation: _____

Mother's Full Name: _____

Maiden Name: _____ Religious Affiliation: _____

Parent's Marriage Date: _____

Church: _____

Name

City

State

Parent's Home Information

Address: _____

Street

City

State

Zip

Home Phone: _____ Cell phone: _____

Email: _____

Parish registered in: _____

Godparent's Information (at least one godparent must be a practicing Catholic)

Godfather's Full Name: _____

Religious Affiliation: _____

Godmother's Full Name: _____

Religious Affiliation: _____

When would you like to baptize your child?

Preferred Baptism Option

Sunday Morning Mass _____ Saturday Evening Mass _____ Outside of Mass _____
9:30 am 4:30 pm

Date: _____

For Office Use:

Date of Baptism: _____

Presider: _____

