

**Adult Preparation for Infant Baptism
Information Sheet**

Priest preference for Baptism (Circle one): Fr. Borowiak Fr. Doher Fr. Kipper No preference
Father

Full Name (first, middle, last): _____
Address: _____
Phone Number: _____
Email Address: _____
Religion: _____
Registered at St. Michael Parish: _____
Church Presently Attending: _____

Mother

Full Name (first, middle, last and **MAIDEN**): _____
Address: _____
Phone Number: _____
Email Address: _____
Religion: _____
Registered at St. Michael Parish: _____
Church Presently Attending: _____

Child

Full Name, if born (first, middle, last): _____
Gender: M F
Birthdate: _____
Baptism Date (approximate): _____
City, State of Birth: _____

Godparent #1

Full Name (first, middle, last): _____
Address: _____
Phone Number: _____
Email Address: _____
Religion: _____
Registered at St. Michael Parish: _____
Church Presently Attending: _____

Godparent #2

Full Name (first, middle, last): _____
Address: _____
Phone Number: _____
Email Address: _____
Religion: _____
Registered at St. Michael Parish: _____
Church Presently Attending: _____