

Dear Parents,

Please fill out the following information on your child's baptism. We need these records to update their sacramental information when they receive the sacrament of Confirmation. Please fill in all information as accurately as possible. **If your child was NOT baptized at St. Mary's or St. Augustine's, then we will need a copy of their baptismal certificate.** Should you need help with any of this information, please let me know. Thank you for your cooperation.

Kay Berg
CRE/YM

**Baptism Information
Confirmation**

NAME:

(First)

(Middle)

(Last)

FATHER'S NAME:

(First)

(Middle Init.)

(Last)

MOTHER'S NAME:

(First)

(Middle Init.)

(Maiden)

DATE OF BIRTH: _____ PLACE _____
(Month/Day/Year) (City, State)

BAPTISM: DATE _____
(Month/Day/Year)

PLACE OF BAPTISM: CHURCH NAME _____

ADDRESS _____

CITY, STATE, ZIP _____