



BAPTISM INFORMATION SHEET

*Please complete this form and return to the parish office as soon as possible.
Thank you!*

NAME of Person to be Baptized: *please print*

(Last)

(First)

(Middle)

Adult: _____ Mr.
_____ Mrs.
_____ Ms.

Child: _____ Boy
_____ Girl

ADDRESS: _____

Number & Street

City

State

Zip Code

TELEPHONE: _____

Home phone number

Cell phone number

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PARENT'S NAMES: _____

AND _____

DATE OF BAPTISM: _____

CHURCH BAPTIZED IN: *ST. PAUL'S CATHEDRAL* **CITY:** *BUFFALO*

SPONSORS: _____

(If you have any questions, please contact the Cathedral Administrator at 855-0900 ext. 5)