



BAPTISMAL INFORMATION

HOLY FAMILY PARISH

Name of Person to be Baptized: _____
First Middle Last

Date of Birth: _____

Place of Birth: _____
City State

Please provide a copy of the Birth Certificate with this form.

Desired Date & Mass Time of Baptism: 1st Choice: _____
 2nd Choice: _____

Baptism by Immersion? Yes No

Father's Name: _____
First Middle Last

Catholic: Yes No Ethnicity: _____

Attended a Baptism Preparation class in the last two years? Yes No

If 'Yes', please include proof of attendance. *Parish where class was taken:* _____
Name of Parish City State

Mother's Name: _____
First Middle Last Maiden

Catholic: Yes No Ethnicity: _____

Attended a Baptism Preparation class in the last two years? Yes No

If 'Yes', please include proof of attendance. *Parish where class was taken:* _____
Name of Parish City State

Address: _____ Phone: _____
 City: _____ Email: _____
 State: _____ ZIP: _____

Are you registered in this parish? Yes No

If 'No', where are you registered?

Name of Parish City State

Note: Your Pastor must send a letter to our Pastor giving permission for the Baptism

Catholic Marriage? Yes No

Other Sacramental Needs? _____

Office Use Only:
 Verified: _____
 Date of Regist.: _____

Holy Family Parish
 7045 120th Ave NE
 Kirkland, WA 98033
 Website: www.hfkparish.org
 Baptism Minister: Katy Bergivin
 Email: katyb@hfkparish.org
 Phone: 425-822-0295 x 119

Office Use Only:
 Class Attended (Date): _____
 -waived: _____
 Baptism Performed by: _____
 Certificate Received: _____
 Entered in Sacramental Record Book: _____
 Entered in PDS: _____
 PHOTO # _____
 Siblings in photo: _____