

Sacrament of Baptism

SS Peter and Paul Catholic Church
4735 W Michigan Ave
Saginaw, MI 48638

Child's Last Name: _____

Child's First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____
City & State

Father: _____
Last Name First Name

Mother: _____
Last Name First Name Maiden Name

Father's Religion: _____ Mother's Religion: _____

Address: _____
Street Address

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail Address: _____

CHILD'S NAME

SPONSOR(S)

Godparent: _____
First & Last Name

Address: _____
Street Address

City: _____ State: _____ Zip: _____

Phone: _____ Parish / Religion: _____

Godparent: _____
First & Last Name

Address: _____
Street Address

City: _____ State: _____ Zip: _____

Phone: _____ Parish / Religion: _____

BAPTISM DATE / TIME

FAMILY PHONE #

