

St. Timothy Church

Baptismal Preparation Application

Date of Preparation Class: _____ Time: _____

Parents' Name: _____

Address : _____

Phone Number: _____

Date of Baptism _____ Time: _____

CHILD'S NAME _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

God Fathers' Name: _____

God Mothers' Name: _____

- Was the child baptized privately?