

St. Francis De Sales Parish
900 Ida
Lansing, KS 66048
(913)727-3742

Baptismal Information Form

CHILD'S NAME

first

middle

last

CHILD'S DATE OF BIRTH _____
mm/dd/yyyy

CHILD'S PLACE OF BIRTH _____
City/State

FATHER'S NAME

first

middle

last

MOTHER'S NAME

first

middle

last

MOTHER'S MAIDEN NAME

last

PARENT'S Address: _____

Primary Phone: _____ Email _____

GODPARENTS

(name) _____

Home parish _____

Name

Address

(name) _____

Home parish _____

Name

Address

Date of attendance in Baptism Preparation session? _____

If attendance was at another parish, please list parish & date(s)

Parish name

City/State

Date of Baptism: _____

Mass: _____

Priest: _____