

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: _____