

# BAPTISM INFORMATION SHEET

**PLEASE PRINT CLEARLY**

Child's Name \_\_\_\_\_ Sex: ( ) Male ( ) Female  
*First Name Middle Name Last Name*

Child's Date of Birth: \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Did the child receive an emergency Baptism? YES \_\_\_\_\_ NO \_\_\_\_\_ Where \_\_\_\_\_

**Parent Information:** In order to remain within the parameters of Archdiocesan regulations, a parental certificate from the parents' home parish is **required** for any Catholic not affiliated with The Shrine of Our Lady of Pompeii. **Please note** that Baptismal records are legal documents, just like birth certificates. The Baptismal Certificate will reflect the **mother's maiden** (not married) **name**.

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
*First Name Middle Name Last Name Date of Birth mm/yy (optional)*

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_  
*First Name Middle Name Maiden Name Date of Birth mm/yy (optional)*

Were the parents married by either a Catholic Priest or Deacon? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Were the parents married at The Shrine of Our Lady of Pompeii? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Home Address \_\_\_\_\_  
*Number Street Apt. #*

\_\_\_\_\_ Home Telephone Number (\_\_\_\_) \_\_\_\_\_  
City State Zip

Cell Number(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date and Place of Baptism Preparation Class: \_\_\_\_\_

**Godparent Information:** A sponsor certificate from the godparent's parish is **required** for any catholic godparent not affiliated with The Shrine of Our Lady of Pompeii. At least one Godparent must be a practicing Catholic at least 16 years of age, who has received the Sacraments of Confirmation and Eucharist and who leads a life in harmony with the faith.

Godfather's Name \_\_\_\_\_ Religion \_\_\_\_\_

Godmother's Name \_\_\_\_\_ Religion \_\_\_\_\_

**Proxy Godparent Information:** (Required only if the godparents cannot be present) Sponsor certificates from the godparent's parish are also required for Catholic proxy godparents who are not affiliated with The Shrine of Our Lady of Pompeii.

Proxy Godfather's Name \_\_\_\_\_ Religion \_\_\_\_\_

Proxy Godmother's Name \_\_\_\_\_ Religion \_\_\_\_\_

**Baptism Information:**

Date of Scheduled Baptism \_\_\_\_\_ Time \_\_\_\_\_

Priest or Deacon \_\_\_\_\_ If During Mass, # of seats needed: \_\_\_\_\_

PLEASE RETURN THE FORM AT LEAST **TWO WEEKS PRIOR** TO THE SCHEDULED BAPTISM DATE.

RETURN THIS FORM BY MAIL OR FAX TO:

The Shrine of Our Lady of Pompeii, 1224 West Lexington Street, Chicago, IL 60607, Fax # (312) 421-3756