

BAPTISMAL ARRANGEMENTS - St. Alphonsus Parish

Family Number	Recorded	Mailed	Date of Baptism
Name of Child (first) (middle)		Time: 12:30 PM	
City of Birth	Date of Birth		
Grand Rapids			
Name of Father (first) (middle)	(last)	Catholic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Mother (first) (middle)	(maiden)	Catholic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address of Parents	Phone		
Name of Church Parents were Married in	Catholic		
Name of God Father	Catholic		
Parish if Catholic	Catholic		
Name of God Mother	Catholic		
Parish if Catholic	Catholic		
Attend Class Y N		Copy to Fr. _____	
Remarks		Priest:	

Request letter from God parent's parish
God parent's should also attend Baptism Class