

St. Andrew Catholic Church

Baptism Form

(to be completed by the parents of the child)

Name of child: _____
First Middle Last

Place of Birth: _____
City State

Date of Birth: _____
Month/Day/Year

Father's Name: _____
First Middle Last

Father's Religion: _____

Mother's Name: _____
First Middle Maiden

Mother's Religion: _____

Are the parents married? _____

Was the marriage witnessed by a Catholic priest or deacon? _____

Godfather's Name: _____
First Middle Last

Godfather's Religion: _____

Godmother's Name: _____
First Middle Last

Godmother's Religion: _____

Date of the Baptism: _____
Month/Day/Year

Parent's Contact information: _____
Name and telephone number

Please return to the St. Andrew Parish Office:

Mail to 400 St. Andrew Dr. Holts Summit, MO 65043

Email to admin@standrewparishhs.org

Phone 573-896-5010