

BAPTISM INFORMATION FORM

**Incarnation of Our Lord and Savior Jesus Christ
429 Upham Street
Melrose, MA 02176**

Please download this form, complete as much as possible, and return to the parish office at the address above.

Day/Date of Baptism: _____ Time: _____

Date/Time of Catechesis: _____ Conducted By: _____

Name of Child: _____

Date of Birth: _____ City/State of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Church of Parent's Marriage: _____ City/State: _____

Godfather's Name: _____ Religion: _____ Confirmed: _____

(Christian Witness)

Godmother's Name: _____ Religion: _____ Confirmed: _____

(Christian Witness)

Is family registered in Parish: Yes No

If no, do they wish to become registered parishioners? Yes No

Comments/Special Requests:
