



Church
of the
Assumption

61 North Cliff St
Ansonia, CT 06401

203.735.7857

Fax
203.734.8302

<h1>Baptism Information</h1>		Date of Baptism ___/___/___	
		Time of Baptism _____	
Information about Person to be Baptized			
Name	_____		
	First	Middle	Last
Address	_____		
	Number	Street	Apartment
City, State, Zip	_____		
	City	State	Zip
Date of Birth	_____		
	Month Day Year	Place of Birth	City State
Information about Father			
Name	_____		
	First	Middle	Last
Address	_____		
	Number	Street	Apartment
City, State, Zip	_____		
	City	State	Zip
Phone #	_____	Religion	_____
Email	_____		
Parish	_____		
	Name of Parish	City	State
Registered parishioner of the Church of the Assumption? [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes Envelope# _____			
Information about Mother			
Name	_____		
	First	Middle	Last
Address	_____		
	Number	Street	Apartment
City, State, Zip	_____		
	City	State	Zip
Phone #	_____	Religion	_____
Email	_____		
Parish	_____		
	Name of Parish	City	State
Registered parishioner of the Church of the Assumption? [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes Envelope# _____			
Please answer the following questions:			
Are the parents married?		[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
If married, were they married by a priest?		[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Do the parents attend Mass faithfully on a weekly basis?		[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
If not, how often do they attend?		_____	
Information about Godparents			
Godfather	_____		
	First	Middle	Last
Religion	_____		
Godmother	_____		
	First	Middle	Last
Religion	_____		
Please return this completed form to the Rectory. A deacon will call you.			