

Baptism Information Form

820 South Boulder Avenue Tulsa, OK 74119 918-582-6247 tulsacathedral.com hfc@tulsacathedral.com

Child's Information:			
Child's full name:			
Date of Birth:	Place of birth (city, state):		
Requested date of Baptism:	Requested clergy:		
Requested time of Baptism:_			
Parental Information:			
Father's full name:		.	_ Catholic? () Yes () No
Phone Number:	Email:		
Mother's full name:			_ Catholic? () Yes () No
Mother's maiden name:			_
Phone Number:	Email:		
Parents- Married in the Catholic Church? Where?			When?
Mailing address for parents:			
City:	State:	Zip:	
Registered parishioners: 🔘 H	Holy Family Cathedral (Other		
If "Other"- Pastor giving permission:		Date	e Given:
Date instruction taken:	Instructor:		
Godparent Information (one	e must be Catholic):		
Godfather's full name:			Catholic? O Yes O No
Godmother's full name:			_ Catholic? () Yes () No
*** If Godparents are not pa	rishioners of Holy Family Cathedral we will ne	ed a lette	r of good standing from
Office Use Only:	home parish.		
Certificate:			