



# Roman Catholic Diocese of Portland

510 Ocean Avenue, Portland Maine 04103-4936

## Department of Canonical Services

Parish \_\_\_\_\_ Date of Interview: \_\_\_\_\_ by \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

### Infant Information

Child's Anticipated due date \_\_\_\_\_

**OR**

Infant's full legal name \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_

Biological Sex \_\_\_ Female \_\_\_ Male

Place of birth (city, state, country) \_\_\_\_\_

*copy of birth certificate or hospital record recommended*

Was the child adopted? \_\_\_ No \_\_\_ Yes [date adoption finalized] \_\_\_\_\_

### Parent Information

Mother's Name \_\_\_\_\_

First

Middle

Last

(Maiden)

Religion \_\_\_\_\_

Baptized \_\_\_ No \_\_\_ Yes at [church, city, state] \_\_\_\_\_

If Catholic, Latin Rite \_\_\_\_\_ Eastern Rite (specify) \_\_\_\_\_

Confirmed \_\_\_ No \_\_\_ Yes received 1<sup>st</sup> holy Communion \_\_\_ No \_\_\_ Yes

Brief description of religious formation received (formal or informal) and/or experience of the Church:

Father's Name on the birth certificate \_\_\_\_\_

First

Middle

Last

Religion \_\_\_\_\_

Baptized \_\_\_ No \_\_\_ Yes at [church, city, state] \_\_\_\_\_

If Catholic, Latin Rite \_\_\_\_\_ Eastern Rite (specify) \_\_\_\_\_

Confirmed \_\_\_ No \_\_\_ Yes received 1<sup>st</sup> holy Communion \_\_\_ No \_\_\_ Yes

Brief description of religious formation received (formal or informal) and/or experience of the Church:



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### Parents' Marital/Cohabiting Status

The infant's parents are:

**married in the Catholic Church** (if checked, where \_\_\_\_\_ date \_\_\_\_\_)

**legally married, but outside the Catholic Church.**

**not married** (if checked, are they cohabiting?  yes  no  unsure)

**Godparents**, if already have people in mind; give verification sheet(s)

**Godmother's Name** (first last) \_\_\_\_\_

Is she fully initiated in the Catholic Church (baptized, confirmed, received 1<sup>st</sup> Communion)  **No**  **Yes**

**Godfather's Name** (first last) \_\_\_\_\_

Is he fully initiated in the Catholic Church (baptized, confirmed, received 1<sup>st</sup> Communion)  **No**  **Yes**

**Will either/both be present by proxy**  **No**  **Yes**

**If yes, Name(s) of Proxy/Proxies** \_\_\_\_\_

### Family Information

Does the infant have **siblings?**  **No**  **Yes** (if checked, please list below)

Name	Age	Baptized	Confirmed	1 <sup>st</sup> Communion	Attends RE Classes
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Contact Information

**Mother's E-Mail:** \_\_\_\_\_ **Preferred Phone #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Father's E-Mail:** \_\_\_\_\_ **Preferred Phone #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_



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Parents' parish of residence or choice (name, city): \_\_\_\_\_

If different from this parish, permission of pastor received on \_\_\_\_\_

If this parish, information above entered/updated in database on \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

Scheduled to attend baptism preparation classes on \_\_\_\_\_

Name(s) of who attended prep classes \_\_\_\_\_

Date(s) classes were completed \_\_\_\_\_

If necessary, reason classes were waived \_\_\_\_\_

For completion by PASTOR or PAROCHIAL VICAR: Is there reasonable hope that the child will be raised in the Catholic Faith? Yes \_\_\_\_\_ No \_\_\_\_\_ Priest's Initials \_\_\_\_\_

Date child was baptized \_\_\_\_\_

Signature of Priest/Deacon who administered baptism \_\_\_\_\_

Recorded in Baptismal Register: page \_\_\_\_\_ record # \_\_\_\_\_ Logged by \_\_\_\_\_

Baptism certificate mailed on \_\_\_\_\_ Baptism recorded in parish software on \_\_\_\_\_