



Priest/Deacon: _____

____ Copy of Birth Certificate rec'd

____ Baptism Certificate made

____ Entered in Baptism Register

St. Michael the Archangel Church Baptism Intake

Contact: Cheryl Appleby at (253) 334-2788 / or baptism.stmichaelkona@rcchawaii.org

Appointment Date/Time: _____

Interviewer (Pastoral Staff): _____

Full Name of Child: _____

Residence: _____

Telephone Number: (home) _____ (cell) _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Proposed Date of Baptism: _____ Mass Time: _____

-----PARENT INFORMATION-----

Father's Name: _____

Religion of Father: _____

Mother's Name (Maiden): _____

Mother's Religion: _____

Are Parents Married: Yes No

Type of Marriage

Catholic _____

Civil _____

Christian _____

Other _____

How long have you been together/married? _____

How many children do you have? _____