

The Church of the Epiphany
Baptismal Information Form

Please submit this form to the parish office, 1900 111th Ave NW, Coon Rapids, MN 55433 no later than one week prior to the date of baptism. Please call 763.862.4335 with questions.

Baptisms are **following the 12:15 Mass on Sundays.**

Please print neatly as we will be typing the certificate from this form.

Date of Baptism: _____

Child's name: _____
(first) (middle) (last)

Date of birth: _____ Male () Female ()

Place of birth: _____
(city) (state)

Father's name: _____ Religion: _____

Mother's name: _____ Religion: _____

Mother's maiden name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Church parents married in: _____ Date: _____

City: _____ State: _____

Godparent information. **Only two godparents, both must be confirmed, practicing Catholics, one male and one female.**

Godfather's name: _____ Religion: _____

Godmother's name: _____ Religion: _____

Was the child baptized in the hospital? _____

Date parents attended pre-baptism class: _____
(Attendance required unless you have attended within the past three years.)

Are you registered at Epiphany? _____
(Parish office open M-F 8 a.m. to 9 p.m., Saturday 8 a.m. to 5 p.m. to register)

If not, what parish are you registered at? _____