BAPTISM -GODPARENT FORM
ST. ROSE PHILIPPINE DUCHESNE PARISH
ANTHEM, ARIZONA 623-465-9740

COMPLETED CLASS: _____
BAPTISM DATE: _____
SENT TO PARISH OFFICE: _____
LETTER MAILED BY PARISH OFFICE: _____

NAME OF GODPARENT: _____
FIRST MIDDLE LAST

_____
FIRST MIDDLE LAST

ADDRESS: _____

_____
CITY STATE ZIP

PHONE: _____ E-MAIL: _____

Are you registered with St. Rose Parish? _____ Yes _____ No

* *

NAME OF PERSON TO BE BAPTIZED: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ DATE OF BAPTISM: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

NAME OF CHURCH: _____

ADDRESS: _____

_____
CITY STATE ZIP

PHONE: (____)_____ FAX: (____)_____

* *

Please contact the Baptism preparation Team if you have any questions: Baptism@stroseparishaz.org

Please bring this completed form with you to your schedule Baptism Preparation class or mail this form to the parish Office:
St. Rose Parish
2825 W. Rose Canyon Circle
Anthem, Arizona 85086