

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

COMPLETED CLASS: \_\_\_\_\_  
BAPTISM DATE: \_\_\_\_\_  
CERTIFICATE MAILED: \_\_\_\_\_

NAME OF PERSON TO BE BAPTIZED: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH/DAY/YEAR CITY STATE

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME

ADDRESS: \_\_\_\_\_  
RESIDENCE ADDRESS  
CITY STATE ZIP

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Were parents married in the Catholic Church? \_\_\_\_\_ Name of Church \_\_\_\_\_ Date \_\_\_\_\_

Are you registered with St. Rose Parish? \_\_\_\_\_ Registered at \_\_\_\_\_

**Child's Birth Certificate attached (required)** Was the child adopted? \_\_\_\_\_ Is adoption final? \_\_\_\_\_

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**Baptism Preparation:** Parents are required to attend Baptism Sacramental Preparation Class, held the first Tuesday of each month, except January and July. Please RSVP for the class by email, [baptism@stroseanthem.com](mailto:baptism@stroseanthem.com).

Baptism Preparation completed on (date): \_\_\_\_\_

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**Godparents:** Your designated Godparents must be eligible to serve as such per Canon Law. Please see Godparent Form for details. A form must be completed by each Godparent and signed by the parish where they are members.

GODPARENTS: \_\_\_\_\_  Godparent form submitted  
\_\_\_\_\_  Godparent form submitted

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For questions regarding your baptism, please contact our Baptism Preparation Team [baptism@stroseanthem.com](mailto:baptism@stroseanthem.com). Please bring this completed form with you to your scheduled preparation class or mail to the Parish Office: St. Rose Parish, 2825 W. Rose Canyon Circle, Anthem, AZ 85086. Fax: 623-742-7031

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FOR OFFICE USE:

Date of Baptism at St. Rose \_\_\_\_\_ Celebrant \_\_\_\_\_