

**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 Monday of each month, provided there are registered participants, except January and July. To register 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 \_\_\_\_\_