

### Marital Status of Parents

Please check "yes" or "no" for each of the following:

	<u>Yes</u>	<u>No</u>
We are married in the Catholic Church	<input type="checkbox"/>	<input type="checkbox"/>
We were married in another church	<input type="checkbox"/>	<input type="checkbox"/>
We are civilly married only.	<input type="checkbox"/>	<input type="checkbox"/>
We are living together but not married.	<input type="checkbox"/>	<input type="checkbox"/>
One (both) of us had a previous marriage.	<input type="checkbox"/>	<input type="checkbox"/>
I am a single parent.	<input type="checkbox"/>	<input type="checkbox"/>

### Faith Practice of Parents

Please check all that applies for mother and father:

	<u>Mother</u>	<u>Father</u>
Participates weekly at Mass.	<input type="checkbox"/>	<input type="checkbox"/>
Attends church, but not regularly.	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church.	<input type="checkbox"/>	<input type="checkbox"/>
Does not practice any religion.	<input type="checkbox"/>	<input type="checkbox"/>
Has made first Communion.	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in getting married in the Catholic church?	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in full initiation in the Catholic faith?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in registering at Holy Family?	<input type="checkbox"/>	<input type="checkbox"/>

### Godparent Information

Name of Godfather \_\_\_\_\_

Name of Godmother \_\_\_\_\_

Please check all that apply:

	Godfather	Godmother
Baptized Catholic or (other_____)	<input type="checkbox"/>	<input type="checkbox"/>
Participates weekly at Mass.	<input type="checkbox"/>	<input type="checkbox"/>
Attends church but not regularly.	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church.	<input type="checkbox"/>	<input type="checkbox"/>
Does not practice any religion.	<input type="checkbox"/>	<input type="checkbox"/>
Has made First Communion.	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion.	<input type="checkbox"/>	<input type="checkbox"/>
Is married?	<input type="checkbox"/>	<input type="checkbox"/>
Is married in the Catholic Church?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Mother Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Priest's/Deacon's Signature*

\_\_\_\_\_  
*Date*



# Holy Family Catholic Church PRE-BAPTISMAL INQUIRY

*-- Office Use Only --*

Pre-Baptismal INTERVIEW  
Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Pre-Baptismal CLASS  
Date \_\_\_\_\_

Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Godmother \_\_\_\_\_  
Godfather \_\_\_\_\_

Donations/Fees

	Chk. No.	Collected by Whom?
_____	_____	_____
_____	_____	_____

*--Office Use Only --*

Requested Baptism Date:  
\_\_\_\_\_

*--Priest/Deacon Use Only --*  
**COMPLETED BAPTISM**  
Baptism Date:  
\_\_\_\_\_

Priest/Deacon Signature:  
\_\_\_\_\_

**PRINT** child's full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Was the child privately baptized? \_\_\_\_\_ Adopted? \_\_\_\_\_

### The Parents of the Child

PRINT Father's full name \_\_\_\_\_

Mother's first and Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #s \_\_\_\_\_

Are you registered at Holy Family Church? \_\_\_\_\_ Registration Number: \_\_\_\_\_

If you attend Mass on Sunday, where do you attend? \_\_\_\_\_

Why would you like to have your child baptized in the Catholic Church? \_\_\_\_\_

Why would you like to have your child baptized at Holy Family? \_\_\_\_\_

Are both parents willing to raise the child in the Catholic tradition? \_\_\_\_\_

What does "raising the child in the faith" mean to you? \_\_\_\_\_