



204 Monument Road, Orleans, Massachusetts 02653  
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## Baptism Information

**Baptism Date:** \_\_\_\_\_ **Time** \_\_\_\_\_

**Officiant** \_\_\_\_\_

**Name of Child or Adult being baptized** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age at time of baptism** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**City/State of Birth** \_\_\_\_\_

Parent's street or mailing address: \_\_\_\_\_

Contact telephone numbers, in order of convenience: \_\_\_\_\_

Contact emails \_\_\_\_\_

**Father's full name** \_\_\_\_\_

**Mother's full name** \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Religious affiliation of parents \_\_\_\_\_

**Godparents** 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Other Notes:** \_\_\_\_\_

*(This form to be filled out during a visit with the Clergy.)*

1/12/22