

St. Mary Mother of Mercy Catholic Church

1143 Macclenny Avenue, Macclenny, Florida 32063

Sacrament of Baptism Information Form

Please Note: the following information is necessary for permanent Parish records.

Date of Baptism: _____ To be Performed by: _____

Name of Person to be Baptized: _____ Male: __ Female: __

Address: _____

City, State and Zip: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Father's Religious Affiliation: _____

Mother's Name (including maiden name): _____

Mother's Religious Affiliation: _____

Were Parents married by a Catholic Priest? Yes: _____ No: _____

How long have you been attending St. Mary Mother of Mercy Parish? _____

Please Note: One Godparent must be confirmed in the Catholic Church and must be a practicing Catholic.

Godfather / Sponsor: _____

Godmother / Sponsor: _____

Priest Signature: _____