BAPTISM INFORMATION FORM

CHILD NAME: _____

(First – Middle – Last)

PARENTS:

FATHER: _____

MOTHER: (MAIDEN NAME): _____

(Diocese requires maiden name)

PHONE #: _____

EMAIL: _____

BORN IN (CITY, ST): _____

ON THE DATE OF (MM/DD/YYYY): _____

BAPTIZED ON (DATE): _____

Immaculate Conception Parish – Loose Creek

(After Mass)(Please circle or Highlight)

Saturday @ 4:00 / 5:00 P.M. or Sunday @ 10:00 A.M.

St. Louis of France Parish – Bonnots Mill
(During Mass)
Sunday @ 8:30 A.M.

PRIEST NAME: _____

GODPARENTS: Godparents must be one male and one female. Other arrangements need the pastor's permission. Godparents are required to be at least 16 years of age and Confirmed.

(Name): _____ (Parish) _____

(Name): _____ (Parish) _____

Godparent Information Requested: We will need a Letter of Good Standing from the home Parish of the godparents, if they are not from Immaculate Conception or St. Louis of France Parish. Please list the name of the Parish where your godparents are from.

Letters can be sent to IC Secretary at ic.secretary@icloosecreek.org or mail to: IC School – PO Box 68 – Loose Creek, MO 65054.