



Information Sheet  
St. Paul's U.C.C.

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

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

Birthplace \_\_\_\_\_  
(Hospital) (City) (County) (State)

Desired Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_ 8:55 a.m. \_\_\_\_\_ 10:25 a.m.

Parent's Names:

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsors \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)