

Church of Saint Benedict
2020 Chestnut Hill Road
Mohnton, PA 19540
610.856.1006
secretary@churchofsaintbenedict.org

INFORMATION FOR BAPTISM

Name of Child (please include middle name and any suffix ie Jr., III, etc.)

Residence: _____

Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Preferred Date of Baptism (Baptisms are held on the first Sunday of the month during the 11:15AM Mass and on the third Sunday of the month at 12:30PM)

Father's Name (First, Middle, Last): _____

Religion: _____

Mothers Name (First, Middle, & Maiden Name): _____

Religion: _____

Godfather's Name _____

Catholic? If not, what faith is practiced/professed? _____

Godmother's Name: _____

Catholic? If not, what faith is practiced/professed? _____

Have you previously attended a Pre-Jordan class? _____

Are you currently registered members at St. Benedict? _____