



BAPTISM INFORMATION FORM

Please fill out and return this form to:

Saint John the Evangelist Parish Office
61 Poplar St.
Newport, RI 02840-2432

If you have any questions, you may contact the Parish Office at 848-2561. Thank you.

Full Name: _____ Sex: _____

Address: _____ Age: _____

City: _____ Zip Code: _____

Telephone: _____ Religious Affiliation: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Date of Birth: _____

Place of Birth: _____

WITNESSES OR SPONSORS

1. _____
Name

Residence

2. _____
Name

Residence

3. _____
Name

Residence