



Baptism Planning Form

Christ Church Cathedral Cincinnati, Ohio - Diocese of Southern Ohio

Date of Baptism: _____ Time: _____ Location: _____

Officiant: _____

Name of Person to Be Baptized: _____

Address: _____

Contact Phone Number: _____ Contact Email: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____
(as it would appear on Baptismal Certificate)

Mother's Full Name: _____
(as it would appear on Baptismal Certificate)

Mother's Maiden Name: _____

Religious Affiliation of Parents (if baptism is for child): _____

Sponsors (for adult baptisms) or Godparents (for child baptisms)

Name: _____ City/State: _____

Name: _____ City/State: _____

Name: _____ City/State: _____

Additional comments:

For Internal Use

Copies to:

The Dean (Owen T)
Sub-Dean (Paul W)

Operations Executive (Carine D)
Director of Music (Stephan C)
Director of Facilities (Matt H)
Events Manager (Michelle H)
Hospitality & Events Assistant (Courtney H)

Altar Guild (Bob/Brenda S)
Flower Guild (Susan P)
FG Scheduling (Nancy C)
FG Donors (Mary H)