

OLM BAPTISM REQUEST FORM

FAMILY NAME _____

NAME OF CHILD _____

(please list first and middle name of child – information above will be listed on the certificate)

ADDRESS _____

TELEPHONE NUMBER _____ EMAIL _____

DUE DATE _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

FATHER'S NAME _____

RELIGION _____

MOTHER'S FIRST AND MAIDEN NAME _____

RELIGION _____

WHERE WERE THE PARENTS MARRIED _____

GODFATHER _____

CATHOLIC/OTHER _____

GODMOTHER _____

CATHOLIC/OTHER _____

WAS THE CHILD PRIVATELY BAPTIZED? _____

DATE OF BAPTISM 1st CHOICE _____ 2nd CHOICE _____ 3rd CHOICE _____

REGISTERED AT OLM? _____

OTHER CHILDREN _____

A DONATION TO OUR LADY OF MERCY CHURCH IS MUCH APPRECIATED

OLM Parish Office
9 Parsippany Road

OLM Church
90 Whippany Rd.

Whippany NJ 07981-1794

Telephone Number – 973-887-0050 Fax Number – 973-887-0991

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