



St. Michael the Archangel Church Baptism Intake

Contact: Cheryl Appleby at 253-334-2788 or Email baptism.stmichaelkona@rcchawaii.org

Appointment Date/Time: _____

Interviewer (Pastoral Staff): _____

Full Name of Child: _____ M/F _____

Date of Birth: _____

Place of Birth: _____

Proposed Date of Baptism: _____

-----PARENT INFORMATION-----

Father's Name: _____

Religion of Father: _____

Mother's Name (Maiden): _____

Mother's Religion: _____

Residence: _____

Telephone Number: (home) _____ (cell) _____

Email Address: _____

Are Parents Married: ☐ Yes ☐ No

Type of Marriage

☐ Catholic _____

☐ Civil _____

☐ Christian _____

☐ None _____

How long have you been together/married? _____

How many children do you have? _____

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