

BAPTISMAL REGISTRATION FORM

Please fill in Family Information and return to Parish Office when scheduling Baptism Class.

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Family Name of Child _____ First Name _____ Middle Name _____

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Address _____ Zip Code _____ Phone Number _____

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Date of Birth _____ Place of Birth (Hospital) _____

*FATHER'S NAME _____ Catholic/Non-Catholic

*MOTHER'S NAME _____ Catholic/Non-Catholic
First Maiden Name

*MARITAL STATUS _____ * PLACE OF MARRIAGE _____

*REGISTERED PARISHIONER Yes No ENV. #: _____ COMMENT: _____

*NAME OF GOD-FATHER _____ Catholic/Non-Catholic
First Name Last Name

8NAME OF GOD-MOTHER _____ Catholic/Non-Catholic
First Name Last Name

FOR OFFICE USE ONLY:

Baptism classes are scheduled every other month on the Third Tuesday. Baptisms cannot be scheduled without class completion.

DATE OF BAPTISMAL ADULT SESSION _____ DATE ATTENDED _____

Date of Baptism _____ Baptized by _____

Other Remarks: _____

OFFICE USE:

Recorded in Register Book by Priest

Computer

Registration Card

Bulletin