



Baptism Date:
Time:

INFORMATION FOR BAPTISM REGISTER

(Please complete this form before the Baptism and return it to the office two weeks prior for us to prepare certificates. Thank you for printing clearly!)

Name of Child: _____

Residence: _____

Street Address City State Zip code

Phone Number: (H) _____ (W) _____

City and State

Date of Birth: _____ of Birth: _____

Father's Full Name: _____

Religion of Father: _____

Mother's Full MAIDEN Name: _____

Religion of Mother: _____

What Church were Parents married in?: _____

Godfather's Name: _____

Godmother's Name: _____

Is Godfather Catholic? _____ Is Godmother Catholic? _____

Is either Godparent represented by Proxy? _____

Was the Child privately baptized? _____

Was the Child adopted? _____

Are you registered in the Parish? _____

Remarks: _____

Certificate: _____

Priest or Deacon: _____