

INFANT/ CHILD BAPTISM
INFORMATION FOR REGISTRATION/SACRAMENTAL REGISTER

Please print CLEARLY

Certificates will be made from information given here

Child's name _____
First Middle Last

Date of Birth _____ City/State of birth _____

Male Female Is the child adopted? _____ Parents married by a priest? _____ If no, appt. date _____

Address: _____
Street City Zip

Phone: _____
Home work or cell#

Email: _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden Last

Names of brothers & sisters: _____

Godmother: _____ Phone/email: _____ Catholic:

Godfather: _____ Phone/email: _____ Catholic:

Will either Godparent be represented by proxy? _____

Parents Baptism preparation class date & location: _____

Godparents Baptism class date & location: _____
(Or letter of good standing/permission from Parish Priest to be Godparent's outside parish)

FOR OFFICE USE

Date: _____ Sat. 11:00 am
 Sat. 5:00 pm Sun 7:30 am Sun. 11:00 am Sun. 5:30 pm

Birth certificate received Certificate prepared

Presider: _____ Approved: _____