

BAPTISM REGISTRATION

PG _____ # _____

PLEASE PRINT CLEARLY

NAME OF CHILD _____

ADDRESS _____ PHONE _____

CITY _____ ZIP _____

MONTH / DAY / YEAR OF BIRTH _____

CITY & STATE OF BIRTH _____

Are parents registered members of this parish? _____

FATHER'S FULL NAME _____

Is father a practicing Catholic? _____

MOTHER'S FULL MAIDEN NAME _____

Is mother a practicing Catholic? _____

Were parents married by a Catholic priest? _____

If no, is validation in process? _____

GODFATHER'S NAME _____

Is godfather a practicing Catholic? _____

GODMOTHER'S NAME _____

Is godmother a practicing Catholic? _____



CLASS COMPLETED (date & initials) _____

BAPTISM COMPLETED ON _____

CELEBRANT _____