

DATA FOR BAPTISMAL REGISTER

Before Baptism, please fill out this form in PRINT

Name of Child -----
First Middle Last Male or Female

Date of Birth -----
Month Day Year

City & State of Birth -----

Home Address ----- City ----- Zip -----

Home Telephone # ----- Cell # -----

Father's Name -----
First Middle Last

Religion of Father -----

Mother's **Maiden Name** -----
First Middle Last

Religion of Mother -----

Sunday Date you wish to have Baptism -----

Godfather's Name ----- Catholic? -----

Godmother's Name ----- Catholic? -----

Name of Priest or Deacon performing the Baptism -----

Are Parents married? Yes or No Married by a Priest? Yes or No -----

Is either Godparent represented by a Proxy? -----

Name of Proxy(s) -----

Was the child adopted? -----

Was the child privately baptized? -----

Do we have your permission to welcome you by publishing your names in our bulletin.....YESNO