

Baptismal Registration Form

SAN MARCO CATHOLIC CHURCH

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|--------------------------------------|---|
| Today's Date: _____ | Office Use Only: Actual date of Baptism: _____ Ceremony Only: _____ (previously baptized) |
| Tentative Baptism Date: _____ | Sponsor Certificates Returned: Yes No Priest/Deacon Signature: _____ |

CHILD INFORMATION: PLEASE PRINT LEGIBLY

| | | |
|--|---|-----------------|
| Name of Child (birth name): First _____ Middle _____ Last _____ | | |
| Date of Birth: _____ Age: _____ Male or Female (Please Circle one) | City/State of Birth: _____ | Hospital: _____ |
| Has the child been previously baptized? Yes ___ No ___ | If yes, by whom? _____ Place of Baptism: _____ | |

PARENT INFORMATION:

| | | |
|---|--|-------------------------|
| Father: _____ Religion: _____ Last Name First Name Middle | | |
| Mother's MAIDEN Name: _____ Religion: _____ Last Name First Name Middle | | |
| Married: Yes ___ No ___ Was marriage performed by a Catholic Priest: Yes ___ No ___ | If yes, give name and place of Church: | |
| Parish you are currently registered at (Name, City, State): | | |
| Home Address: _____ | City: _____ | State: _____ Zip: _____ |
| Home Telephone Number: () _____ | Work Telephone Number: () _____ | |
| Email: _____ | | |
| Comments: _____ | | |

SPONSOR INFORMATION: *See Sponsor Form and guidelines* (Godparents need to complete a baptism class at San Marco or their own parish and turn in a completed sponsor form.)

| | |
|--|----------------------|
| Name of Godfather (Catholic): _____ Church: _____ Last Name First Name Middle Initial | |
| Name of Godmother (Catholic): _____ Church: _____ Last Name First Name Middle Initial | |
| * Christian Witness : _____ Religion: _____ (Baptized non-Catholic) Last Name First Name Middle Initial | |
| NOTE: If the Godparent(s) CANNOT be present for the baptism, a PROXY(s) needs to be present at Baptism. | |
| Name of Proxy: _____ | Name of Proxy: _____ |

In signing this form, you are confirming this information to be true and accurate to the best of your knowledge.

Parent Signature: _____

Date: _____

OFFICE USE ONLY:

(Revised June 2021)

Session 1: Interview with Priest/DRE(signature): _____ Date: _____

Session 2: Baptismal Class - Scheduled Date: _____

Date Class attended: _____ Facilitator: _____