



ST. ELIZABETH ANN SETON PARISH
Baptism Registration Form

ID NO.:

Name of Child: _____
[First] [Middle] [Last]

Date of Birth: _____ Place of Birth: _____
[City] [State]

Father's Name: _____
First Middle Last

Mother's Name: _____
First & Middle Last Maiden

Date of Baptism: _____ Location: _____

Where do you worship? _____

Number of Children in your Family: _____ Baptized? _____

God Parent(s): _____ Relationship to Parents: _____

Practicing Catholics? _____ Their Church of Worship: _____

Supporting God Parents: _____

Family Address: _____

Phone: _____ Email: _____

Are you registered parishioners of St. Elizabeth Ann Seton? [YES] [NO] New Address

Letter from proper Pastor if not member of St. Elizabeth Ann Seton: _____

Name of registered Parish: _____

Date of Baptism Preparation: _____ Location: _____

Preference of Minister: Pastor: Deacon: Visiting Priest: Other:

For office use

Name of Child: _____

Minister's Signature: _____ Date: _____

Entered in Baptismal Register: _____ Entered in ACS: _____

New Parishioners? _____ Registered at SEAS: _____