



BAPTISMAL REGISTRATION FORM (Please Print)

NAME OF CHILD _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

City

State

MOTHER'S MAIDEN NAME _____

RELIGION:

First

Last

FATHER'S NAME _____

First

Last

ADDRESS _____

PHONE _____

ARE YOU REGISTERED MEMBERS OF THE PARISH? _____

WHERE YOU MARRIED IN THE CATHOLIC CHURCH? _____

MAY WE WELCOME YOUR CHILD IN THE BULLETIN AFTER BAPTISM? _____

GODPARENTS:

RELIGION:

DATE OF BAPTISM: _____ TIME: _____

- Baptisms are held every Sunday at 1:30 PM.
- Arrangements for any Baptisms to be celebrated on other days, or at other times (excluding emergencies) must be made in advance with priest or deacon.
- Suggested donation \$50.

DATE OF CLASS _____ ATTENDED PREVIOUS CLASS _____

PRESIDER AT BAPTISM _____