



**ST. ANDREW CHURCH
BAPTISM REGISTRATION
Telephone No. – 201 666-1100**

Today's Date:

Child's Name: Male or Female
Date of Birth:
Place of Birth:
Date Requested for Baptism:

Family Address: Town: Zip:

Telephones: **Home :**
Cell: Mother **Father:**
e-mail address:

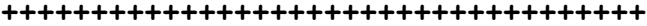
Father's Name:
Father's Religion:
Mother's Name:
Mother's Maiden Name:
Mother's Religion:

Were Parents Married by a Catholic Priest? Yes: No:
Is the family registered in the parish? Yes: No:
Did parents attend Baptism prep at St. Andrew's? Yes: Date: No:

Other Children:
Name Age

GODPARENTS/SPONSORS

_Godfather: Religion:
Godmother: Religion



Office Use Only:

Date of Baptism:
Priest performing Baptism:
Date Baptismal Certificate mailed to family: _____

Cc: