

**ST. ANDREW CHURCH  
BAPTISM REGISTRATION  
Telephone No. – 201 669-3900**

**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** **Cell: 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

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**Office Use Only:**

*Date of Baptism:*  
*Priest performing Baptism:*