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St. John Baptist de la Salle Parish

5706 Sargent Rd., Chillum MD 20782
Telephone: (301) 559-3636 Fax: (301) 559-3062

DATA FOR BAPTISM REGISTER

☐ ☐

Person baptized: _____ _____ _____ **Gender:** F / M
First Name Second Name Last Name(s)

Date of Birth: _____ _____ _____ **City of Birth:** _____
Day Month Year City/Province/Country

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Address: _____

City: _____ State: ____ ZIP code: _____ Telephone (C/H): (____) _____-_____

Godfather's Full Name: _____

Address: _____

City: _____ State: ____ ZIP code: _____ Telephone (C/H): (____) _____-_____

Godmother's Full Name: _____

Address: _____

City: _____ State: ____ ZIP code: _____ Telephone (C/H): (____) _____-_____

Remarks: _____

_____

Person Registering: _____ Date: _____

Baptism Day: _____ _____ _____ **Minister:** _____
Day Month Year

☐ Birth Certificate ☐ Godfather Baptism Certificate ☐ Godmother Baptism Certificate