



SS. Cyril & Methodius Catholic Church BAPTISM REGISTRATION

FOR OFFICE USE ONLY

Date of First Contact: _____ First Baptism? _____

Date of Instruction (1st Baptism only): _____

Child's Name: _____

Home Phone: _____ Date/Place of Birth: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Maiden Name: _____

Father's Phone: _____

Mother's Phone: _____

Father's Email _____

Mother's Email _____

Religion: _____

Religion: _____

Registered at SSCM? _____

Registered at SSCM? _____

Practicing? _____

Practicing? _____

If registering at SSCM now, Why and From Where? _____

Were Parents Married in the Catholic Church? _____ If not, where: _____

Godfather: _____ Godmother: _____

Religion: _____ Religion: _____

Date of Baptism: _____ Mass Time: _____

Name of Priest: _____ Number in Attendance: _____

FOR OFFICE USE ONLY

OFFICE NOTES:

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____ Type up Certificate

____ Record in Sacrament Book ____ Record in PDS ____ File in Baptism Folder