



ST. CATHERINE OF SIENA CATHOLIC CHURCH

BAPTISM REGISTRATION

FAMILY INFORMATION (PLEASE PRINT)			FOR OFFICE USE ONLY		
Last Name			<input type="checkbox"/> Preparation class completed Date _____ / _____ / _____ Location _____ <input type="checkbox"/> Baptism completed Date _____ / _____ / _____ Time _____ Location _____ <input type="checkbox"/> ST. CATHERINE OF SIENA OR _____ Church _____ City _____ State _____ Zip _____ _____ Celebrant _____ <input type="checkbox"/> Certificate sent <input type="checkbox"/> Recorded on computer <input type="checkbox"/> Recorded on card <input type="checkbox"/> Recorded in register <input type="checkbox"/> Contrada Servant notified _____ <div style="text-align: right;">Contrada _____</div>		
Street Address					
City	State	Zip			
Home Phone		Cell Phone			
E-mail					
Requesting Baptism at <input type="checkbox"/> ST. CATHERINE OF SIENA OR _____					
Church _____					
City	State	Zip			
First Name _____ Middle _____ Last _____					
Birth Date _____ City of Birth _____ State of Birth _____					
PARENTS (PLEASE PRINT)					
Father's First Name _____ Middle _____ Last _____					
Mother's First Name _____ Middle _____ Maiden _____					
CATHOLIC SPONSORS – MUST COMPLETE GODPARENT/SPONSOR FORM (PLEASE PRINT)					
Godfather's First Name _____ Middle _____ Last _____					
Godmother's First Name _____ Middle _____ Last _____					
CHRISTIAN WITNESS (PLEASE PRINT)					
First Name _____ Middle _____ Last _____					
First Name _____ Middle _____ Last _____					