



RECORD OF BAPTISM

Please print clearly

FULL NAME OF CHILD/PERSON TO BE BAPTIZED:

DATE OF BIRTH: _____ CITY/STATE OF BIRTH: _____

FATHER'S FULL NAME:

MOTHER'S FULL (MAIDEN) NAME:

FATHER'S RELIGION: _____

MOTHER'S RELIGION: _____

HOME ADDRESS AND PHONE NUMBER:

ADDRESS: _____

PHONE: ()

DATE/TIME OF BAPTISM: _____ PRIEST/CELEBRANT: _____

GODPARENTS or SPONSOR: **(At least one Godparent must be a baptized, confirmed and practicing Catholic.)**

Catholic? ____ Yes ____ No

Catholic? ____ Yes ____ No

REMARKS/NOTATIONS: _____

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