

St. Peter Church
Baptism Registration Form

Child's Full Name _____

Male _____ Female _____

Date of Birth _____ City, State of Birth _____

Father's Full Name _____

Catholic yes ___ no ___ If yes, Sacraments of Initiation completed yes ___ no ___

If Catholic, Church of Baptism _____

Church of Membership _____

Mother's Full Name (Incl. Maiden) _____

Catholic yes ___ no ___ If yes, Sacraments of Initiation completed yes ___ no ___

If Catholic, Church of Baptism _____

Church of Membership _____

Parental Marriage Status

Father and Mother were married

At _____
church or civil location, city and state

By _____
name of religious or civil presider

Date _____

Home Address _____

Phone: Home _____ Work/Cell _____

E-Mail Address _____

Date of baptism Preparation Class _____

Church of Baptism Preparation Class _____

Date of Baptism _____

Place of Baptism _____

Minister of Baptism _____

Godparent 1

Full Name _____

Catholic yes___ no___ If yes, Sacraments of Initiation completed yes___ no___

Church of Baptism _____

Church of Membership _____

Godparent 2

Full Name _____

Catholic yes___ no___ If yes, Sacraments of Initiation completed yes___ no___

Church of Baptism _____

Church of Membership _____

Proxy (if necessary) – a proxy is one who stands in for a godparent at the Rite of Baptism when the godparent cannot be present for some extraordinary circumstance.

Full Name _____

Saints to include in the Litany of the Saints: _____

Anticipated number of family & friends who will attend the Baptism _____