

ST. JOHN NEUMANN BAPTISMAL REGISTRATION

Must submit a copy of child's birth certificate

Name of person/child to be baptized: _____

Date of Birth: _____ Place of Birth: _____

CITY / STATE

Fathers Name: _____ Mothers Name: _____

Home Address: _____

STREET ADDRESS

CITY

STATE

Phone Number: _____

HOME

(F-WORK)

(M-WORK)

(F-CELL)

(M-CELL)

Parish where you are registered: _____

If you are not a member of this parish, a written permission from the parish of which you are a member

PARENTS

Father Religion: _____ Mother Religion: _____

Married: Yes _____ No _____ Marriage Date: _____

Church where parents were married: _____

Place of Parents Marriage: _____

ADDRESS

CITY / STATE

ZIP

GODFATHER

GODMOTHER

Name: _____

Name: _____

Religion: _____

Religion: _____

Married: _____ Place: _____

Yes/no

CITY / STATE

Married: _____ Place: _____

Yes/no

CITY/STATE

Church: _____

Church: _____

BAPTISM INFORMATION

Date of Baptism: _____ Time: _____

Approval by Pastor: _____

(Pastor Signature)

Signature of priest celebrating the Baptism: _____

Was child baptized in emergency?: _____ Privately: _____

Date & Place: _____ Is child adopted?: _____

For Office use Only:

Class Attendance: Father: _____ Mother: _____

Birth Certificate #: _____

Godfather: _____ Godmother: _____

Godfather: _____ Godmother: _____

Date of Classes: _____

Verified by: _____

Baptism Class Instructor: _____