

BAPTISM REGISTER

Name of Child: _____

Date of Birth: _____ Town of Birth: _____

Address: _____

Email: _____ Phone Number: _____

Parish you are registered in: _____

Date of Baptism: _____
(Contact office at 563-927-4710 to schedule)

Father's Name: _____ Father's Religion: _____
(Include middle name)

Mother's Name: _____ Mother's Religion: _____
(Include middle name)

Mother's Maiden Name: _____

Are the child's parents married? _____
If so, were they married in the Catholic Church? _____

Godfather: _____ Is godfather a confirmed Catholic? _____
(Include middle name)

Godmother: _____ Is godmother a confirmed Catholic? _____
(Include middle name)

Is either godparent represented by proxy? _____

Name of proxy _____

Have you attended Baptism class? _____ Date: _____ Is this your first child? _____

Name of Priest/Deacon: _____ Number of pews to reserve: _____

A \$20 donation is suggested.

EMAIL THIS COMPLETED FORM TO: dbq123sec@dbqarch.org