



St. Augustin's Baptism Registration Form

(Please return this form to Sr. Josephine)

Name of Child _____ Today's Date _____

Date of Birth _____

Child born at home or in which hospital? _____

Father's Name _____

Religion of Father _____

Mother's Maiden Name _____

Religion of Mother _____

Are parents married? _____

Were Parents Married by a Catholic Priest? _____

Residence of Parents _____

Telephone Number _____

Email of parent(s) _____

Godfather's Name _____ Is he Catholic? _____

Godmother's Name _____ Is she Catholic? _____

Is either Godparent represented by Proxy? _____

(A Proxy is a person who stands in for someone who cannot be present)

Was the Child privately baptized? _____

Was the Child adopted? _____

Date of Baptism Ceremony _____

Donation \$ _____

Name of Priest performing the Baptism: _____