

BAPTISMAL REGISTRATION FORM

Please fill in Family Information and return to Parish Office when scheduling Baptism Class

*
Family Name of Child _____ First Name _____ Middle Name _____

*
Address _____ Zip _____ Phone Number _____

*
Date of Birth _____ Place of Birth (Hospital) _____

*FATHER'S NAME _____ Catholic/Non-Catholic

*MOTHER'S NAME _____ Catholic/Non-Catholic
First Maiden Name

* MARITAL STATUS _____ PLACE OF MARRIAGE _____

* REGISTERED PARISHIONER Yes No ENV.# _____ COMMENT _____

* NAME OF GOD-FATHER _____ Catholic/Non-Catholic
FIRST NAME LAST NAME

* NAME OF GOD-MOTHER _____ Catholic/Non-Catholic
FIRST NAME LAST NAME

FOR OFFICE USE ONLY

Baptism classes are scheduled every other month on the Third Tuesday. Baptisms cannot be scheduled without class completion.

DATE OF BAPTISMAL ADULT SESSION _____ DATE ATTENDED _____

Date of Baptism _____ Baptized by _____

Other Remarks _____

OFFICE USE

Recorded in Register Book by Priest

Elizabeth Ministry

Computer

Registration Card

Bulletin