

**Baptismal Registration Form**

Please print clearly. Information provided will be recorded on the child’s Baptismal Certificate.

Return completed form to

Saint Mary Our Lady of Grace Catholic Church, Director of Faith Formation

515 Fourth Street South

Saint Petersburg, FL 33701

Child’s Full Name: M/F

Date of Birth: / / City of Birth: State:

Father’s Full Name:

Mother’s Full Name: Maiden:

Address (Street & PO Box):

City: State: Zip:

Phone (Husband): Phone (Wife):

Email:

***You must have at least one practicing Catholic as a godparent.***

Godparent: Godparent:

Religion: Religion:

Proxy: Proxy:

Are you a registered member of Saint Mary our Lady of Grace? Yes No

Were the parent’s married by a Catholic priest? Yes No

Baptisms are celebrated during our weekend Liturgies. When would you like to baptize this child? (Select three alternate dates and indicate 4:00 Saturday, 8:00 or 11:00 Sunday.)

1st: 2nd: 3rd:

**Office Use Only**

Date of Baptism Preparation Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Baptism: / / Entered in database: / / \_\_\_\_

Priest/Deacon: