

For Baptism Register of St. John Vianney Church

Date of Baptism: _____ **(This date must be scheduled through the SJV Office First – Call 332-7910!)**

Time: **(circle one)** During Sat 4:30 After 4:30 Mass During Sun 7:30 Mass
During 9:00 Mass During 11:00 Mass After 11:00 Mass

Method: **(circle one)** Pouring of Water Immersion into water

Attended Class: _____

Name of Child
Last First Middle

My Child is **(circle one)** Male Female

Address _____

Telephone Number
Home Work

E-Mail Address: _____

Date of Birth _____

Place of Birth
City State

Father's Name _____

Religion of Father _____

Mother's Name
First Maiden

Religion of Mother _____

Were Parents Married by a Catholic Priest? **(circle one)** Yes or No

In what church were the parents married? _____

Are you registered SJV parishioners? _____

Godfather _____

Is godfather a practicing Catholic? **(circle one)** Yes or No

Godmother _____

Is godmother a practicing Catholic? **(circle one)** Yes or No

Is either godparent represented by Proxy (**can't attend**)? (underline one) Yes or No

If so Name of Proxy _____

Was the child privately baptized? **(circle one)** Yes or No

Was the child adopted? **(circle one)** Yes or No

Name of Priest or Deacon _____

For Office Use Only:

Date in Bulletin _____

Logged in Baptismal Registry _____