

PRE-BAPTISMAL REGISTRATION

Name of Child:				
	Last name	First	Middle	
Date of Birth:	Place of Birt	h :		
Parents Of Child:				
Father's Full Name:			Catholic?	
Mother' Maiden Name	: <u> </u>		Catholic?	
Address:				
	State:			
Phone number(s)	Home	Cellular		
Are the parents marrie	ed through the Catholic Chur			
Baptism Sponsor Male	;	Phone Numbe	er	
E-mail:		Single? Yes N	0	
Has he received the Sa	craments of First Communic	on & Confirmation?	_ Yes No	
Baptism Sponsor Fema	ale:	Phone Num	oer	
E-mail:	Single	? Yes		
	acraments of First communi		Yes No ***********	:*****
Office ONLY: Envelope Number:	Date of Bapt	ism:	Place:	
Document Checklist:				
Birth Certificate	Proof of Residence	\$50 Donat	ion	
Godparents Marri	iage Certificate through the	Catholic Church (If mar	ried); Or ID (If Single)	
Parents will attend/ ha	ve attended Pre-Baptismal o	classes on		
Godparents will attend	d/ have attended Pre baptisn	nal Classes on		
Receipt #				