ST. ANDREW CATHOLIC CHURCH - BAPTISM REGISTRATION REQUEST

If your child, or youth, is in first grade or older, before submitting this form, you must contact the Faith Formation Office, the Director of Religious Education, Ms. Cynthia Johnson (239-574-2411, cjohnson@standrewrcc.org)

The Baptism Certificate is a legal document, and any information below may not be changed after the Baptism date.

PLEASE PRINT CLEARLY –				
Today's Date:		[Office Use - D	Date registration recv'd]
We are asking for our child to	celebrate the Sacrament of Ba	aptism in English ((OR) in Spanish	
Name of Child:			Gender:	
Date of Birth:	Plac	ce of Birth:		
FATHER'S NAME:			Religion:	
MOTHER'S NAME: Maiden Name:			_ Religión:	
Marital Status: Single		iest? Separated _	Divorced	
Home Address:		Email:		
		Telephone (H)	, (C), (W):	
			Envelope #	
OR registered member at (C	hurch):	Address:		
Parish contact info:		_		
If member at another parish, we will	need "Letter of Permission to baptize"	from your Pastor		
GODFATHER:				
Email:		Address:		
Telephone:				
GODMOTHER:				
Email:	A	address:		
Telephone:				
Is either Godparent represen	nted by Proxy? If	yes, name of Proxy:		
Christian Witness:		We will need copy of Bapt	ismal Certificate	
Email:		address:		
Telephone:				
Was the Child Adopted?	Family is askir	ng for baptism in the month	ı of	
PLEASE NOTE: All paperwork child will be put on the month's		ore the pre-scheduled date fo	<mark>r Baptism. </mark> Once all paperwork	is submitted, the
Father's Signature		Mother's Signatu	ıre	 Date