



# St. Mary's Baptism Registration Form

Please return this completed form to St. Mary's Parish Office  
12 William Street, Newport RI 02840  
401-847-0475

Full Name of Child: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Birth Place: \_\_\_\_\_  
(City & State)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Include Area Code)

Home Address: \_\_\_\_\_  
(#) (Street) (City) (State) (Zip)

Father's Full Name: \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Full Name: \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Maiden - Last)

Married: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Married by a Catholic Priest: Yes \_\_\_\_\_ No \_\_\_\_\_

Are parent's parishioners of St. Mary's? Yes \_\_\_\_\_ No \_\_\_\_\_

- If no, what is the name and address of your parish? \_\_\_\_\_  
(Name of Parish) (Use back of sheet for second parent, if necessary)

\_\_\_\_\_ ( # ) ( Street ) ( City ) ( State ) ( Zip )

- What is your connection to St. Mary's? \_\_\_\_\_

Godfather's Name \_\_\_\_\_

Member of St. Mary's? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Name of Home Parish: \_\_\_\_\_

Godmother's Name \_\_\_\_\_

Member of St. Mary's? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Name of Home Parish: \_\_\_\_\_

Preferred Baptism Class Preparation Date: \_\_\_\_\_

Preferred Baptism Date: \_\_\_\_\_

-----Filled out by St. Mary's Office Only-----

Date of Baptism Preparation: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Priest who will Baptize: \_\_\_\_\_