DATA FOR BAPTISMAL REGISTER

Please fill out prior to Baptism and return to office.

Name of Child: _____
First Middle Last

Date of Birth:_____ City of Birth:_____ M or F
Month Day Year (circle)

Home Address:_____
Street

_____Telephone_____
City State

Father's Name:_____
First Middle Last

Religion of Father:_____

Mother's Maiden Name:_____
First Middle Last (maiden)

Religion of Mother:_____

Godfather's Name:_____Catholic?_____

Address:_____

Godmother's Name:_____Catholic?_____

Address:_____

(for office use only)

Date of Baptism:_____
Month Day Year Time

Name of Priest or Deacon:_____

Were Parent Married by Priest or Deacon?_____

Baptism Formation Class Date:_____

Notes:_____

_____