

Church of St. John & St. Mary
DATA FOR BAPTISMAL REGISTRATION

PLEASE PRINT THE INFORMATION BELOW

NAME OF CHILD _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

IS THIS YOUR FIRST CHILD BEING BAPTIZED AT ST JOHN & ST. MARY? _____

REQUESTED BAPTISMAL DATE _____

(Baptism is scheduled after all forms are completed and received in parish office.)

FATHER'S NAME _____

RELIGION OF FATHER _____

MOTHER'S MAIDEN NAME _____

RELIGION OF MOTHER _____

PARENT'S CHURCH OF MARRIAGE _____

GODFATHER'S NAME _____

IS GODFATHER CATHOLIC? _____

GODMOTHER'S NAME _____

IS GODMOTHER CATHOLIC? _____

IS EITHER GODPARENT REPRESENTED BY PROXY? _____

WAS THE CHILD PRIVATELY BAPTIZED? _____

WAS THE CHILD ADOPTED? _____ DATE OF ADOPTION _____

To Be filled out by Parish Office:

DATE OF CLASS IF REQUIRED _____ PRIEST TO BE SCHEDULED _____

