DATA FOR BAPTISMAL REGISTER

*Name of Child _____
First   Middle   Last

Date of Birth _____
Month   Day   Year

City of Birth _____

Home address: _____

_____ Phone #. _____

*Father's Name _____
First   Middle   Last

Religion of Father _____

*Mother's Maiden
Name: _____
First   Middle   Last

Religion of mother _____

** Date of Baptism _____ **
Month   Day   Year   Time

*Godfather's Name _____
First   Middle   Last
Is he catholic? Yes_____ No _____
Is he married? Yes_____ No_____ In the Catholic Church? Yes ____ No _____

*Godmother's Name _____
First   Middle   Last
Is she Catholic? Yes_____ No _____
Is she married? Yes_____ No _____ In the Catholic Church? Yes ____ No _____

Is either Godparent represented by Proxy? Yes _____ No_____
                    Name of Proxy(s) _____
Was the child adopted? Yes _____ No _____
Was the child baptized on emergency? Yes_____ No _____ if yes; Date _____

_____
For Office use
ONLY
Remarks: _____
Donation: _____ Date: _____

Signature of Priest who baptized: _____

Updated: 1/1/2016