

PLEASE PRINT OR TYPE

Sacristy Record of Baptism

Today's date: _____ Requested Date of Baptism: _____ Presider's Signature: _____

Transcribe to BAPTISMAL REGISTER under date of: _____ Date of Baptism -please leave blank _____

Name of child: _____ M F
first middle last (gender)

Date of Birth _____ Place of Birth _____

Name of Father _____ Religion _____
first middle last

Name of Mother _____ Religion _____
first middle maiden name

Family Address _____ Home phone _____
street, number city,state,zip Mobile phone _____

Email Address _____ *very important*

Is family registered in parish? _____

Baptism Preparation class last 2 years? _____ Where? _____ If SGA, DATE: _____

Were parents married by a priest? _____ New to Parish? Yes No _____

Godparent: _____ Religion _____
first middle last

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first middle last

Additional Information: _____

PLEASE CLEARLY PRINT CHILD'S FULL NAME BELOW FOR CERTIFICATE & GARMENT

_____ first middle last

Office Use Only:

_____ Fees Paid
_____ Birth record
_____ Godparent letter
_____ Reminder sent
_____ Added to Register
