

PLEASE PRINT NEATLY OR TYPE

Sacristy Record of Baptism

Today's date: _____ Requested Day/Time of Baptism: _____

Name of Child: _____
first middle last M F
gender

Date of Birth _____ Place of Birth _____

Name of Father _____ Religion _____
first middle last

Name of Mother _____ Religion _____
first middle maiden name

Address _____ Phone number _____
number,street city,state,zip

Email Address _____ *very important*

Are you registered in parish? Y or N

Have you attended a Baptism Preparation Class in the last 2 years? _____ If so, where & when? _____

Godparent: _____ Religion _____
first middle last

Godparent or Christian Witness: _____ Religion _____
first middle last

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE:

Child's Full Name: _____

Date of Baptism: _____ Celebrant: _____ Celebrant's Signature: _____

- _____ Parish members
- _____ Godparent forms
- _____ Birth record
- _____ Baptism Class registration
- _____ Baptism Class attended
- _____ Fees paid

- _____ ServiceU
- _____ Reminder call/email
- _____ Added to PDS
- _____ Added to Registry book