

Please **DOWNLOAD** and **SAVE** to your computer **BEFORE** you fill out the form.

For Office Use Only. Seton registry page # _____ Database _____
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## Children's Ministry 2018-2019 Sacrament Information

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

- Please complete the following information. Attach a **copy** of your child's Baptismal certificate and return to the Children's Ministry office. This information is recorded in our church registry. **Please be accurate!**
- Please indicate here if your child was baptized at St. Elizabeth Ann Seton. You do not need to attach a copy of the Baptismal certificate. **Please be accurate!**

PLEASE PRINT

NAME OF CHILD \_\_\_\_\_  
(First) (Middle) (Last)

PLACE OF BIRTH \_\_\_\_\_  
(City) (State and/or Country)

HOME ADDRESS \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ DATE OF BAPTISM \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

PLACE OF BAPTISM \_\_\_\_\_  
(Name of Church) (Denomination)

\_\_\_\_\_  
(Church Mailing Address – Number & Street)

\_\_\_\_\_  
(City) (State and/or Country) (Zip)

CELEBRANT of BAPTISM \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
(First) (Middle) (Last)

MOTHER'S MAIDEN NAME \_\_\_\_\_  
(First) (Middle) (Maiden)

GODPARENT NAME \_\_\_\_\_  
(First) (Middle) (Last)

GODPARENT NAME \_\_\_\_\_  
(First) (Middle) (Last)