REGISTRATION FOR THE SACRAMENT OF BAPTISM

PLEASE PRINT ON THIS FORM

*NAME OF PARISH & DATE YOU ATTENDED BAPTISM CLASS:*_____

CHILD'S FULL NAME: _____ ***Male***____ ***Female***____
LAST FIRST MIDDLE

DATE OF BIRTH: _____*PLACE OF BIRTH:* _____

FATHER'S FULL NAME: _____ *RELIGION:* _____
LAST FIRST

MOTHER'S ***MAIDEN*** *NAME:* _____ *RELIGION:* _____
LAST FIRST

PARENTS ADDRESS: _____

EMAIL: _____*PHONE:*_____

*NAME/S OF GODPARENT/S (1)*_____

*(2)*_____

NAME/S OF PROXY _____

ARE YOU REGISTERED IN THE PARISH? _____ YES _____ NO

*WERE YOU MARRIED IN THE CATHOLIC CHURCH?*_____*YES*_____*NO*

DATE OF BAPTISM _____*During or After 5pm Mass; During or After 8:30am Mass; During or After 11am Mass*

RESERVED PEW during Mass? _____ YES _____ NO Help to take up the Gifts during Mass? ____YES ____NO

NAME OF PRIEST OR DEACON: _____

Office Use Only

Certificate: _____ Baptismal Rock ordered:_____

Entered in:
Baptismal Record by:_____Date:_____ Parish Data System by:_____ Date:_____

Data Base & Bulletin by:_____Date:_____ Rock Postcard Sent by:_____ Date:_____

Queen of Peace Catholic Church
P.O. Box 3016, Salem, Oregon 97302; (503) 364-7202