INFANT/ CHILD BAPTISM

INFORMATION FOR REGISTRATION/SACRAMENTAL REGISTER

Please print clearly, certificate is made from information given here

$35 Preparation Fee

Child's name _____
First Middle Last

Date of Birth _____ City/State of birth_____

Male☐ Female☐ Is the child adopted? ____ Parents married by a priest? ____If no, appt. date_____

Address: _____
Street City Zip

Phone: _____
Home work or cell#

Email: _____ _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden Last

Names of brothers & sisters: _____

Godmother: _____ Phone/email: _____Catholic: ☐

Godfather: _____ Phone/email: _____Catholic: ☐

Will either Godparent be represented by proxy? ☐ No ☐ Yes _____

Parents Baptism preparation class date & location: _____ ☐ REBORN online

Godparents Baptism class date & location: _____ ☐ REBORN online
(Or letter of good standing/permission from Parish Priest to be Godparent's outside parish) Letter received ☐

FOR OFFICE USE

Date: _____ ☐ **Sat. 11:00 am**

☐ Sat. 5:00 pm ☐ Sun 7:30 am ☐Sun. 11:00 am ☐Sun. 5:30 pm

Birth certificate received ☐ Certificate prepared ☐

Presider: _____ Approved: _____

Baptism celebrated on _____ Officiant: _____