

ST. PETER CATHOLIC CHURCH
Baptismal Registration Form

Today's date _____ Registered with St. Peter Parish yes _____ no _____

CHILD'S NAME _____
(First) (Middle) (Last Name)

Sex: _____ DATE OF BIRTH: Expected _____ or Actual _____ City & State of birth: _____

FATHER'S NAME _____
(First) (Middle) (Last Name)

Biological father _____ Adopted father _____ (affidavit required) Foster father _____

Religion: _____ FATHER ATTENDS MASS: Weekly _____ Monthly _____ Seldom _____ Never _____

RELIGIOUS EDUCATION: Elementary school: _____ yrs. High School: _____ yrs. CCD _____ yrs CONFIRMED: yes _____ no _____

MOTHER'S NAME _____
(First) (Middle) (Maiden Name)

Biological mother _____ Adopted mother _____ (affidavit required) Foster mother _____

Religion _____ MOTHER ATTENDS MASS: Weekly _____ Monthly _____ Seldom _____ Never _____

RELIGIOUS EDUCATION: Elementary school: _____ yrs. High School: _____ yrs. CCD _____ yrs CONFIRMED: yes _____ no _____

MARRIAGE: Date _____ Church _____ Catholic: yes _____ no _____ City _____ State _____

Has either parent has been married before _____ Who _____

Provide the current status of that marriage: _____ spouse deceased _____ divorced _____ annulled

NUMBER OF OTHER CHILDREN _____ Ages: _____ SOURCE OF THEIR RELIGIOUS EDUCATION: Catholic school _____ CCD _____ Other _____

CURRENT HOME ADDRESS _____ City _____ State _____ Zip _____

TELEPHONE: Home _____ Mother cell phone _____ Father cell phone _____

PLEASE READ THE GUIDELINES FOR CHOOSING A GODPARENT BEFORE COMPLETING THIS SECTION.

GODFATHER NAME: _____ **TELEPHONE:** _____

GODMOTHER NAME: _____ **TELEPHONE:** _____

CHRISTIAN WITNESS: _____ **TELEPHONE:** _____

CHRISTIAN WITNESS DENOMINATION: _____

THE ABOVE INFORMATION IS CORRECT: _____

SIGNATURE OF PARENT

PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Catechetical Session date _____ Attended: Father _____ Mother _____ Facilitator _____

Scheduled Baptism date _____ **Minister** _____ **Book No.** _____ **Page No.** _____