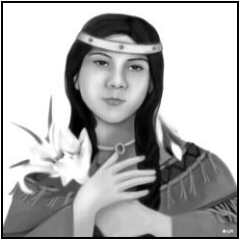


St. Kateri Tekakwitha Parish

P.O. Box 898

Calais, ME 04619

(207) 454-0680



Data for Baptism Registration - Please print clearly

Today's Date:

Name of Child _____ Date of Birth _____
First Middle Last Place of Birth _____

Residence – Mailing Address of Parents

Phone Number _____ Date and Time of Baptism: _____

Are you registered at St. Kateri Parish as a family? _____ Church for Baptism: _____

Was the child privately baptized? _____ Was the child adopted? _____

Is this your first child? _____ Baptism Prep. Day and Time _____

Father's Name _____ Religion _____

Mother's Name (Maiden) _____ Religion _____

Were parents married in the Catholic Church? _____ Where? _____

Godfather's Name: _____ Religion of Godfather: _____

Godmother's Name: _____ Religion of Godmother: _____

Is either godparent represented by a proxy? _____

-----OFFICE USE ONLY -----

Comments:

Sacrament administered by: _____ **Date:** _____ **Church:** _____

Baptism Record: _____ **Church Database:** _____