St. John the Baptist

Baptism Registration

Name of Child _____

Date of Birth _____

City of Birth _____

Date of Baptism _____

Father's Full Name _____

Religion _____ Baptized yes / no Where_____

Practicing Catholic yes/no Member of What Parish _____

Received First Communion yes/no   Confirmed yes/no

Mother's Name {plus Maiden Name} _____

_____

Religion _____ Baptized yes/ no Where _____

Practicing Catholic yes/no   Member of What Parish _____

Received First Communion yes/no   Confirmed   yes/no

Address_____

Telephone _____

God Father_____

Religion_____ Baptized   yes/no Where _____

Practicing Catholic _____ Member of what Parish _____

Received First Communion yes/no   Confirmed yes/no