



CHURCH AND SCHOOL
OF SAINT PETER

BAPTISM REGISTRATION

Name of Child:

First

Middle

Last

**check here if
pending birth**

Date of Birth _____

City & State of Birth _____

Name of Father _____

Religion _____

Name of Mother _____

Religion _____

(include Maiden Name)

_____ address

_____ city, state, zip

_____ phone #

Are you married? Yes No Where? _____

Are you a registered parishioner at St. Peter? Yes No Registered anywhere? _____

Have you attended Baptism Class within last 3 years? Yes No _____

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Class Date: _____

Baptism Date: _____

Godfather _____

Religion _____

Godmother _____

Religion _____

Presider Signature _____

Date _____