

PLEASE PRINT ALL INFORMATION

TO BE COMPLETED BY A PARENT OF THE CHILD

SACRISTY RECORD OF BAPTISM

Registered Parishioner: Yes or No Parish Family ID# _____

Date of Baptism _____ Time 12:00PM (other) _____

Full Name of Child _____ Sex _____ (M) (F)

Date of Birth _____ Place of Birth _____

Name of Father _____ Catholic _____ Non-Catholic _____

Name of Mother _____ Catholic _____ Non-Catholic _____
(include maiden name)

Siblings & Ages _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Parents Marital Status: ___ Catholic Marriage ___ Civil/Court Ceremony ___ Not Married ___ Other

Place of Marriage _____

**Name of God Father _____ Practical Catholic Y N

**Name of God Mother _____ Practical Catholic Y N

**Note: At least one Godparent has to be a confirmed, practicing Catholic, over 16 yrs. of age.

_____ Attach copy of Birth Certificate

_____ Will attend Baptismal Prep. Class _____ (Date)

_____ Already attended class within 3 years (if class at other church-need a letter)

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Office use only:

_____ Typed certificate

_____ Entered into Baptismal Register _____ (Date)

_____ Baptismal Prep. Class Date attended _____

BAPTIZED BY _____