BAPTISMAL REGISTRATION

Full Name of the Child: _____

Date of Birth: _____ City of Birth: _____

Full Name of Child's Father: _____

    Religion of Child's Father: _____

Full Maiden Name of Child's Mother: _____

    Religion of Child's Mother: _____

Street Address: _____Home Phone: _____

City: _____State:_____Zip:_____Work Phone: _____

Cell Phone:_____E-Mail Address:_____

Are the parents married according to the Laws of the Catholic Church? _____

What Catholic Church do(es) the Catholic parent(s) attend? _____

    What City is that Church in? _____

Full Name of the Godfather: _____

    Note: Godparents must be <u>practicing, confirmed</u> Catholics, and a least 16 years of age.

    His Religion: _____His Age: ____Confirmed: Yes   No   (circle)

    What Church does Godfather attend? _____

    What City is that Church in? _____

Full Name of the Godmother: (Miss) (Mrs.) _____

    Her Religion: _____Her Age: ____Confirmed: Yes   No   (circle)

    What Church does Godmother attend? _____

    What city is that Church in? _____

What date do you wish to have your child Baptized? _____

    Has the baby received emergency Baptism in the hospital? _____

What date did Parents attend the Baptismal Seminar: _____

Where? _____(Produce certificate if not at St. John)

What date did the Godfather attend the Baptismal Seminar? _____

Where? _____(Produce certificate if not at St. John)

What date did the Godmother attend the Baptismal Seminar? _____

Where? _____(Produce certificate if not at St. John)

Do the Parents receive the parish bulletin/The St. John Sentinel? _____