

BAPTISM REGISTER INFORMATION

TO BE CELEBRATED AT: SA / SPN

MONTH OF BAPTISM CLASSES: _____ MONTH OF BAPTISM: _____

CHILD'S FULL NAME (Please PRINT to avoid mistakes - as this is how it will appear on the certificate)

First _____ **Middle** _____ **Last** _____

Child's Birth Date _____ **City of Birth** _____

Home Address _____ **City** _____ **Zip** _____

Phone Home _____ **Alternate Phone** _____

FATHER'S FULL NAME (This is how it will appear on the certificate)

First _____ **Middle** _____ **Last** _____

Religion _____

MOTHER'S FULL NAME (This is how it will appear on the certificate- maiden name is used on certificate)

First _____ **Middle** _____ **Maiden** _____

Religion _____

GODFATHER _____ **Religion** _____

GODMOTHER _____ **Religion** _____

Parents married by a Catholic Priest/Deacon – Yes _____ No _____ Explain: _____

Registered in Parish – Yes _____ No _____ Frequency attending Mass: _____

How long have you lived in the Parish? _____

Are you involved in any ministries here? Yes _____ No _____ Which? _____

What number child is this in the family? _____ Are All previous children Baptized Catholic? _____

Have you been through **THIS** baptismal program before? _____ When? _____

Name of Priest/Deacon doing interview _____ **Date** _____

If there is to be an **alternate baptism date and place**, give details here:

Place _____ Priest: _____

Date _____ Time: _____

Reason _____

PERSON WHO PERFORMED THE BAPTISM: _____ **Date** _____

If coming from another parish, has written permission been obtained? _____ **Where** _____

ATTENDANCE – for use by facilitating couple & if parents are excused from a class priest to note it here and why.

1ST Class _____ Rite: _____ 2ND Class _____ Baptism _____

IF they are excused from a class, **WHY:** _____