

Date Received _____

Date of Baptism

(for office use only)

BAPTISMAL REGISTER

Note: Saint Paul parish requests a minimum offering of \$50.00 towards baptism expenses.

FAMILY NAME: _____

FULL NAME OF CHILD: _____ SEX: _____

ETHNIC BACKGROUND: _____ DATE OF BIRTH: ___/___/___

FULL ADDRESS: _____

Household email address: _____

HOME TELEPHONE: ___-___-___ Cell #: ___-___-___

CHILD'S PLACE OF BIRTH: Home? Name of Hospital: _____

Hospital Address: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____

Mother's Maiden Name: _____

ONE GODPARENT *MUST BE A CONFIRMED PRACTICING CATHOLIC*

GODFATHER'S NAME: _____ RELIGION: _____

GODMOTHER'S NAME: _____ RELIGION: _____

Will either godparent be present by proxy? _____ Was the child privately baptized? _____

If yes, tell us where, when and the reason: _____

Office Use

Meeting Date: _____ *Meeting host:* _____

DATE OF CLASS I _____ Date of Class II _____

IF ALREADY ATTENDED A CLASS, HOW LONG AGO _____

SPECIAL NOTES: