



INFORMATION FOR BAPTISMAL REGISTER

NAME OF CHILD: _____ Male Female
 PATRON SAINT NAME: _____
 DATE OF BIRTH: _____ CITY & COUNTRY OF BIRTH: _____
 HOME ADDRESS: _____ POSTAL CODE: _____
 HOME TELEPHONE: _____ CELL PHONE: _____

PARENTS:

FATHER'S FULL NAME: _____
 RELIGION: _____ DO YOU PRACTICE IT? _____

MOTHER'S FULL MAIDEN NAME: _____
 RELIGION: _____ DO YOU PRACTICE IT? _____

MARRIED IN A CATHOLIC CHURCH?

YES NAME OF CATHOLIC CHURCH: _____
 NAME OF PRIEST WHO OFFICIATED: _____
 NO PLACE OF MARRIAGE: _____

GODPARENTS:

GODFATHER'S FULL NAME: _____
 ADDRESS: _____ POSTAL CODE: _____
 RELIGION: _____ DO YOU PRACTICE IT? _____
 NAME & PLACE OF PARISH: _____

GODMOTHER'S FULL NAME: _____
 ADDRESS: _____ POSTAL CODE: _____
 RELIGION: _____ DO YOU PRACTICE IT? _____
 NAME & PLACE OF PARISH: _____

IS EITHER GODPARENT REPRESENTED BY PROXY? YES NO

IF YES, NAME OF PROXY: _____

WAS CHILD ADOPTED? YES NO

IF YES, This child was legally adopted as: _____ on _____ (date)
 at _____ (place) by _____ (names of adopting parents)

WAS THE CHILD BAPTIZED IN AN EMERGENCY? YES NO

IF YES: WHEN, WHERE & BY WHOM? _____

BAPTISM PREPARATION CLASS ATTENDED: _____ (place) _____ (date)

DATE SCHEDULED FOR BAPTISM: _____

APPROVED BY FR. GLENN DION: _____