

## **INFORMATION FOR BAPTISMAL REGISTER**

NAME OF CHILD:(First name) (Middl			Male [	Female	
PATRON SAINT NAME: (Midd					
DATE OF BIRTH:CIT					
	POSTAL CODE:				
	CELL PHONE:				
PARENTS:					
FATHER'S FULL NAME:					
		DO YOU PRACTICE IT?			
MOTHER'S FULL MAIDEN NAME:					
	DO YOU PRACTICE IT?				
MARRIED IN A CATHOLIC CHURCH?		, , , , , , , , , , , , , , , , , , , ,			
YES NAME OF CATHOLIC CHURCH:					
NAME OF PRIEST WHO OFFICIATE					
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:					
	POSTAL CODE:				
RELIGION:		DO YOU PRA	CTICE IT?		
NAME & PLACE OF PARISH:					
IS EITHER GODPARENT REPRESENTED BY PROXY?	YES	№ □			
IF YES, NAME OF PROXY:					
WAS CHILD ADOPTED? YES NO					
IF YES, This child was legally adopted as:		(name)	on	(date)	
at	by			(uate)	
(place)		(names	of adopting parents)		
WAS THE CHILD BAPTIZED IN AN EMERGENCY?	YES	NO 🗌			
IF YES: WHEN, WHERE & BY WHOM?					
BADTISM DDEDADATION OLASS ATTENDED.					
BAPTISM PREPARATION CLASS ATTENDED:	(place)		(date)		
DATE SCHEDULED FOR BAPTISM:	.,		()		
APPROVED BY THE PASTOR:					
TITUOVED DI HILE FASTON.					