

DATA FOR BAPTISM REGISTER

Before Scheduling a Baptism, please fill out this form

Full Name of Child _____

Date of Birth _____

Place of Birth (City & State) _____

Father's Name _____

Religion of Father _____

Mother's Name (Include Maiden Name) _____

Religion of Mother _____

Godfather's Name _____

Is the Godfather a Catholic? _____

Godmother's Name _____

Is the Godmother a Catholic? _____

Will either Godparent be represented by Proxy? _____

Address of parents _____

Phone Number _____

Desired date of Baptism _____

Time of Baptism (**If not after 10:30 am Mass**) _____

Name of Priest/Deacon _____

Do you want seats reserved during Mass: ___Yes ___No

If so, how many people are you expecting to attend? _____

Will you or your family members/friends be gift-bearers during Mass? (We usually have 4 gift-bearers)

___Yes ___No

Other Comments _____
