Registration Date	
Date of Baptismal Seminar PLEASE PRINT LEGIBLY: This is	Attended • YES • NO Attended • YES • NO nformation will be used to complete the Baptismal Certificate.
	mormation will be used to complete the Daptismar Certificate.
	Age of child
Father's Religion	
Name of Church:	City: Date Married:
First Name and Maiden Name of Moth	ner of Child
Mother's Religion	Married Civilly
Home Address	
Phone Number Home	WorkCell
Registered member of this Parish?	□ YES Envelope #
Name of God-Father	
Phone Number Married in Catholic Churc	God-Father's Religion h
	h Married Civily Never Married
	God-Mother's Religion
	God-Mother's Religion
	City:Date Married:
Has the child been privately baptized p The Parents and Godparents are req	previously for any emergency reason?
Signature	Date
Office Use Only Date of Baptism	<i>Time</i>