

DATA FOR BAPTISMAL REGISTER

Before Baptism, please fill out this form.

Name of Child _____
First Middle Last

Date of Birth _____
Month Day Year

City of Birth _____

Address/
Phone _____
Street Phone

City State Zip Code

Father's Name _____
First Middle Last

Religion of Father _____

Mother's Maiden Name _____
First Middle Last

Religion of Mother _____

Date of Baptism _____
Month Day Year

Godfather's Name _____
Catholic?

Godmother's Name _____
Catholic?

Name of Priest _____

Were Parents married by a Priest? Yes No

Is either Godparent represented by Proxy? Yes No

Name of Proxy(s) _____

Was the child adopted? Yes No

Was the child privately baptized? Yes No

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Remarks: