Saint Anthony Catholic Church

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Infant Baptism Enrollment Form

(For Children Under Age 7)

Name of Child: _____ Sex: **M** **F**
(First) (Middle) (Last)

Father: _____
(First) (Middle) (Last)

Mother: _____
(First) (Middle) (Last) (Maiden Name)

Religion of Father: _____ Religion of Mother: _____

Are parents married? **Y** **N**

Current Residence Address: _____
City State/Zip

Telephone: _____ Email Address: _____

Child's Date of Birth: _____ City & State of Birth: _____

Godparent: _____ (*Must be a confirmed Catholic*)

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If Godparent by proxy is necessary, please give name of proxy: _____

Parish in which parents are registered: _____

Planned Date of Baptism: _____ Location: _____

(To be completed by the Parish only – Please do not write below this line.)

Baptismal Class Attended: _____ Date of Baptism: _____

Priest or Deacon Presiding: _____

_____ Recorded in Parish Sacramental Register
_____ Recorded in ParishSoft Online
_____ Notification to Bishop's Office
_____ Certificate Issued

Signature _____ Date Completed _____