

BAPTISM REGISTRATION/SCHEDULING

CHILD'S NAME: _____ (Last) (First) (Middle)

ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ BORN: _____ *BIRTH CERTIFICATE _____
(City/State)

FATHER'S NAME: _____ RELIGION: _____
(Last) (First) (Middle)

MOTHER'S MAIDEN NAME: _____ RELIGION: _____
(Last) (First) (Middle)

*Copy of Birth Certificate must be enclosed
I wish to schedule my child's Baptism on Sunday, _____

I have listed the name and respective of the Godparents on the reverse side of this envelope.

Upon completion, bring to office or place in collection basket. CHURCH OFFERING _____

Note: One Godparent must be a practicing Catholic. The other may be a Baptized Christian of Any other denomination. Only baptized-Christians may be Godparents.

St. Rose of Lima Catholic Church
775-851-1874

*An offering envelope for the priest/deacon who baptized your child is enclosed.
*Copy of marriage certificate in the church required for married Godparent.

GODFATHER'S NAME: _____ RELIGION: _____
(Last) (First) (Middle)

GODMOTHER'S NAME: _____ RELIGION: _____
(Last) (First) (Middle)