

TO BE COMPLETED AT BAPTISM BY CELEBRANT:

BAPTISM TOOK PLACE: YES NO (CIRCLE)

DATE OF BAPTISM: _____

CELEBRANT'S NAME: _____

**ONE FORM PER
CHILD**

BAPTISMAL INFO: FOR PARENTS ONLY

PLEASE PRINT CLEARLY and Circle Answer Where Appropriate

NAME OF CHILD _____
(AS RECORDED ON BIRTH CERTIFICATE)

BIRTHDATE OF CHILD _____ MALE OR FEMALE (CIRCLE)

BIRTHPLACE OF CHILD _____ (CITY AND STATE)

FATHER'S FULL NAME _____

Father's Email _____

Father's Phone Number _____

Catholic? YES NO If no, which denomination? _____

Registering for formation sessions? YES NO (CIRCLE)

MOTHER'S FULL MAIDEN NAME _____

Mother's Email _____

Mother's Phone Number _____

Catholic? YES NO If no, which denomination? _____

Registering for formation sessions? YES NO (CIRCLE)

PRESENT ADDRESS:

ARE PARENTS MARRIED IN THE CATHOLIC CHURCH? YES NO (CIRCLE)

ARE PARENTS REGISTERED MEMBERS OF ST. EDWARD? YES NO (CIRCLE)

IF NO, ARE YOU REGISTERED IN ANY PARISH? YES NO (CIRCLE)

IF YES, WHAT PARISH? _____

LOCATION OF CHILD'S BAPTISM: _____ ST EDWARD _____ OTHER

GODFATHER'S FULL NAME _____

GODMOTHER'S FULL NAME _____

IF APPLICABLE GIVE PROXY OR CHRISTIAN WITNESS NAMES:

FOR OFFICE USE ONLY:

DATE ENTERED INTO REGISTRY:

_____ PAGE #: _____

ENTERED INTO DATABASE:

YES NO N/A (CIRCLE)