ST. BRIDGET CATHOLIC CHURCH
Schriever, LA 70395

Baptism Registration Form

Date: _____

Birth Certificate shown: **yes** **no**

Fathers Name: _____ Religion: _____

Mother's Name (Maiden also): _____ Religion: _____

Address: _____

City/State _____ Zip code: _____

E-mail address: _____

Telephone no: _____ Cell Phone no. _____

Are Parents married: yes no By Catholic Priest yes no

Are you registered parishioners of St. Bridget: Yes No

If not you must get permission from your church parish to baptize at St. Bridget

Name of child: _____ Sex: Male Female

Date of Birth: _____ City/State of Birth: _____

Was this person privately baptized? yes no Was this person adopted? yes no

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