

For Office use only:

Date Form Received:
Date Baptismal Course Completed:
Ready to Schedule Baptism:
Notes:

## Baptism Registration Form

Please complete this form, and save a copy to your computer. Return to Chris Risch by email, [crisch@stmarkindy.org](mailto:crisch@stmarkindy.org), or the Parish Center

Are you a registered member?

Child's Name (First, Middle, Last):	
Date of Birth (Month, Day, Year):	Gender: M F
Place of Birth (City, State):	

Mother's Name:	Father's Name:
Phone Number(s):	Phone Number(s):
Email:	Email:
Mother's Maiden Name:	
Mother's Religion:	Father's Religion:
Home Address:	Home Address:

Godmother:	Godfather:
Religion:	Religion:
Proxy:	Proxy:

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Date of Baptism:	Celebrant Name:
Attending Mass: Yes No (circle option) 4:30 PM 8:30 AM 10:30 AM 12:30 PM	
Bring up Gifts: Yes No	Reserved Seating: Yes No #
Certificate Created and Presented:	
Initials & Date Recorded in: Sacramental: ParishSoft:	Initials & Date Verified in: Sacramental: ParishSoft:
Celebrant Signature:	