

Church of Saint Ann
Baptismal Registration Form

Initial Information

Family Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Are you a registered member of Saint Ann Parish? Yes No

Date of Baptism - St. Michael

Date of Baptism - St. Ann

Sunday Ceremony 1:30 p.m.

Date of Baptism - St. Ann

Mass (circle one)

10:30 AM

12:00 PM

Data for the Baptismal Register (Official Sacrament Record)

Full Name of child to be baptized: _____ Male/Female

Child's date of birth: _____

City/State of birth: _____

Father's Name: _____ Religion: _____

Mother's First Name: _____ Religion: _____

Mother's Maiden Name: _____

Godfather's Name: _____ Catholic _____ Non-Catholic _____

Godmother's Name: _____ Catholic _____ Non-Catholic _____

Will either godparent be represented by proxy? Yes _____ No _____

Was this child privately baptized? Yes _____ No _____

Parent's Marriage Information

Are the parents married? Yes _____ No _____

Were the parents married in the Catholic Church by a priest or deacon? Yes _____ No _____

Where were the parents married? Place _____

City and State _____

Miscellaneous

Names and Ages of other
children? _____