



BAPTISM REGISTRATION

ATTACH COPY
OF BIRTH
CERTIFICATE

FULL NAME OF CHILD: _____

FULL ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH _____ PLACE: _____

FATHER'S NAME: _____

RELIGION OF FATHER: _____

MOTHER'S LEGAL NAME: _____

MOTHER'S MAIDEN NAME: _____

RELIGION OF MOTHER: _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? _____ YES _____ NO

GODMOTHER: _____ CATHOLIC? _____ YES _____ NO

GODFATHER: _____ CATHOLIC? _____ YES _____ NO

WERE GODPARENTS MARRIED BY A CATHOLIC PRIEST? _____ YES _____ NO

Godparents must be married by the Catholic Church (no exceptions).

DATE OF BAPTISM: _____ TIME: _____

CHURCH: _____ PRIEST: _____

(NOTE: Baptisms with Fr. Diego are on the 1st & 3rd Saturdays of the month at 11:00am.)

BAPTISM MEETING with FR. MCMORROW: Date _____ Time _____

BAPTISM CLASS with FR. DIEGO: Date _____ Time 10:00 AM

(Parents & Godparents w/Fr. Diego – 2nd Saturday of the month – Holy Family Community Center)

WOULD YOU LIKE AN ANNOUNCEMENT IN THE BULLETIN? _____ YES _____ NO

For Office Use Only: _____ Certificate _____ Bulletin _____ PDS

_____ Sacramental Book _____ Sent to Aquin P.A.W.S.