

St. JOHN THE APOSTLE CATHOLIC CHURCH

Baptismal Registry Form

PLEASE PRINT CLEARLY

Name of Child _____
First Name Middle Name Last Name
(Enter name as it appears on the Birth Certificate)

Date and Place of Birth _____
Date City State or Country

Is this your first baptism at St. John the Apostle? YES / NO

Street Address _____

City _____, **State** _____, **Zip Code** _____

Phone Number _____ **Email Address** _____

Father's Name _____
First Middle Last **Catholic?** YES / NO

Mother's Maiden Name _____
First Middle Maiden Last **Catholic?** YES / NO

Married in a Catholic Church? YES / NO

Is this your first child to be baptized? YES / NO

How many godparents are you planning to have? 1 or 2

Godfather _____ **Catholic?** YES / NO
First Middle Last

Godmother _____ **Catholic?** YES / NO
First Middle Last

Either godparent represented by proxy? YES / NO **Godfather's Proxy** _____

Godmother's Proxy _____

Was the child adopted? YES / NO **Birth Mother** _____

Birth Father _____

Was the child privately baptized? YES / NO **Name of Celebrant** _____

Location: City _____, **State** _____

OFFICE USE ONLY

Parish ID _____ Baptism Class Attended _____ Date of Baptism _____

Date Entered: Bulletin _____ Date Registry _____ Volume _____ Page _____ No. _____

Date Certificate Created _____ Certificate mailed _____ Registration Updated _____ Spreadsheet Updated _____

Name of Celebrant _____

