

ST PAUL THE APOSTLE REGISTRATION FORM FOR INFANT BAPTISM

Baptisms on 1st Sunday of month after 11am Mass and class is on 4th Tuesday of month at 7pm

Name of Child _____ Tentative date of Baptism _____

Address _____

Street _____ City/State _____ Zip _____

Home Telephone # _____ Father's work # _____

Mother's work # _____

Child's date of birth: _____

Month _____ Day _____ Year _____

Father's full name: _____

First _____ Middle _____ Last _____

Mother's full name: _____

First _____ Middle _____ Last _____

Father's religion: _____ Mother's religion: _____

Where were you married? _____

If you were not married in the Catholic Church would you consider arranging for a
Convalidation? ____yes ____no If yes, please contact one of our parish priests.

Godfather's name: _____

First _____ Last _____

Is the Godfather a practicing Catholic? _____ Where? _____

Is he confirmed? _____ If married, is he married in the Catholic Church? _____

Godmother's name: _____

First _____ Last _____

Is the Godmother a practicing Catholic? _____ Where? _____

Is she confirmed? _____ If married, is she married in the Catholic Church? _____

If Godparents can't attend, they may be represented by proxy. Is there a proxy? _____

Name of proxy? _____

Have Godparents attended Baptismal Class in last 3 years? _____

If so, when & where? _____

Is one of the Godparent practicing in another faith? _____ Which faith? _____

He/she would be considered a Christian Witness

OFFICE USE ONLY:

Have parents & godparents attended a Baptism class before? _____ When? _____

Parents _____ & Godparents _____ attended Baptism class at St. Paul the Apostle on _____

Actual date the child was baptized _____

Name of Priest or Deacon _____