

BAPTISMAL REGISTRATION FORM

FAMILY NAME _____

STREET ADDRESS _____

TELEPHONE _____

CITY, STATE, ZIP _____

ARE YOU REGISTERED MEMBERS OF ST. ANNE'S CHURCH? _____

If not, we must have a letter from the Pastor of the Parish, where you are registered, giving permission for the baptism to take place at St. Anne's Church, or you must register in this parish.

DO YOU ATTEND MASS AND SACRAMENTS REGULARLY? _____

DO GODPARENTS ATTEND MASS AND SACRAMENTS REGULARLY? _____

WERE YOU MARRIED IN THE CATHOLIC CHURCH? _____

If not, explain briefly where you were married and the circumstances of that marriage.

DATE OF BAPTISM: _____ TIME: _____ PLACE: _____

CHILD'S FULL NAME: _____

BIRTH DATE: _____

PLACE OF BIRTH (City & State): _____

FATHER'S FULL NAME: _____ Are you a baptized Catholic? _____

What Church _____ City & State _____

MOTHER'S FULL NAME: _____ Are you a baptized Catholic? _____

(Maiden Name)

What Church _____ City & State _____

GODFATHER: _____

Name of the parish where you are registered: _____

GODMOTHER: _____

Name of the parish where you are registered: _____

PRIEST / DEACON: _____

OFFICE USE

_____ baptismal preparation class	_____ computer
_____ baptismal certificate issued	_____ rolodex
_____ entered in baptismal register	_____ bulletin