

BAPTISM REGISTRATION INFORMATION FORM (Please print clearly)



Name of Child: _____ Gender: _____
First Middle Last M/F

Date of Birth: _____ Place of Birth: _____
City State Zip

Father's Full Name: _____ Religion: _____
First Middle Last

Mother's **Maiden** Name: _____ Religion: _____
First Middle Last(Maiden)

Present Address: _____
Street City State Zip

Phone Contact: _____
Mother's Cell Father's Cell Home

Mother's E-Mail _____ Father's E-Mail _____

Are Parents member of St. Peter Chanel? Yes/No

If no, permission of their pastor must be obtained for this Baptism. Letter in? Yes/No

In what church were you married: _____
Name of Church

Street Address City State Zip

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

Will a proxy represent either Godparent? Yes/No If yes, Name of Proxy: _____

Was the child baptized in emergency basis? Yes/No Was the child adopted? Yes/No

Why do you desire to have this child baptized? _____

If the baptism is to be celebrated at an out of town parish, provide: _____
Priest/Deacon's Name

Parish Name Street Address City State Zip

Signed: _____ Date: _____
Mother or Father

Office Use Only

Date Registered in Parish: _____
Baptism instructions Received by:
Father _____ Mother _____ Both _____
Date of Baptism Class: _____
Instructor _____
Officiant Scheduled: _____
Date of Baptism: _____
Time of Baptism: _____

Officiant's Signature: _____

- Sponsor Certificate Recd. Certificate Printed
- Parish Soft Entry Comp. Welcomed in Bulletin
- Register Book Entry Completed