BAPTISM REGISTRATION INFORMATION FORM
(Please print clearly)

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

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

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

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

Present Address:_____
Street City State Zipcode

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

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

Are Parents members 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?_____

_____
Street Address City State Zipcode

Godfather's Name:_____ Religion:_____

Godmother's Name:_____ Religion:_____

Does proxy represent either Godparent? Yes/No

If Yes, Name:_____

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 performed at an out of town parish, provide:_____
Priest's or Deacon's Name

_____
Parish Name Street Address City State Zipcode

Signed:_____ Date:_____
Mother or Father

Office Use Only

Baptismal Instructions Received by: Father:_____ Mother:_____ Both:_____
Date Registered in Parish:_____
Instruction Received on:_____ Instructor's Signature:_____

Officiant Scheduled:_____
Date of Baptism:_____
Time of Baptism:_____ Officiant's Signature:_____

Sponsor Certificate Received
Certificated Printed in Advance

ParishSoft Entry Completed
Welcomed in Bulletin
Register Book Entry Completed