

Baptismal Registration Form

Intro To Parish Life

Class Taken Date _____

Baptism Date Preferred: _____
Month Day Year

Information About the Child:

Name of Person Baptized: _____
First Middle Last

Date of Birth: _____ Male _____ Female _____

Place of Birth: _____
Hospital City State

Adopted? _____ Privately Baptized? _____ If yes Where? _____

INFORMATION ABOUT THE PARENTS (Guardians)

Male Adult	Female Adult
First _____	First _____
Middle _____	Middle _____
Last _____	Maiden _____
Religion _____	Last _____
Baptized _____ Confirmed _____	Religion _____
St. John School Alumnus? _____	Baptized _____ Confirmed _____
If yes, what year did you graduate? _____	St. John School Alumnus? _____
	If yes, what year did you graduate? _____

Address: _____

Street City State Zipcode
Male Adult: Phone: _____ Email: _____
Female Adult: Phone: _____ Email: _____

Marital Status

Single _____ Married _____ Widowed _____ Separated _____ Divorced _____
If married, who officiated: _____ Catholic Priest/Deacon _____ Minister _____
Judge (Blessed) _____ Judge (Not Blessed) _____ Living Together _____

Date of marriage Church married in City State Zipcode

Registered at St. John the Baptist Catholic Church? _____

If Not, which parish are you registered at? _____

Information about the Sponsors:

Godfather	Godmother
Name: _____	Name: _____
Catholic: _____	Catholic: _____
Parish _____	Parish _____
City: _____ State: _____	City: _____ State: _____

ParishSoft _____
Bulletin _____
Cer. Sent _____
Recorded _____

Baptism Date: _____
Performed By: _____
Fr. Yanta