

Blank for Baptism Register

Name of Child _____

Male ___ Female ___

Residence _____

Telephone Number _____ Email: _____

Date of Birth _____

Place of Birth _____

Requested Date of Baptism _____

Father's Name _____

Religion of Father _____

Mother's FULL name (including Maiden) _____

Religion of Mother _____

Were Parents Married by a Catholic Priest? _____

Godfather _____

Is Godfather a Catholic? _____

Godmother _____

Is Godmother Catholic? _____

Is either Godparent represented by Proxy? _____

Name of Proxy _____

Has the child been privately baptized? _____

Was the child adopted? _____

Please email completed form to: parishsecretary@stcolumbkill.org

OFFICE USE ONLY:

Name of Priest or Deacon _____

Attended Prep Class: _____ Date Baptism Letter Sent: _____

Logged in Baptismal Register: _____

Child added to Family & Sacrament Recorded n Computer: _____

Copy to Priest/Dcn: _____ Certificate/Env printed/mailed/in mailslot: _____