

BAPTISM AT ST. CHRISTOPHER'S

Name of Child: _____
(First) (Middle) (Last)

Address: _____

Phone Number: _____

Date of Birth: _____ Sex: M F

Place of Birth: _____

Name of Father: _____
(First) (Middle) (Last)

Religion of Father: _____

Maiden Name of Mother: _____
(First) (Middle) (Last)

Religion of Mother: _____

Are you registered in the Parish? Yes No

Were you married by a Catholic Priest? Yes No

Has Father or Mother been previously Married? _____

Name of Godfather: _____

Religion of Godfather: _____

Name of Godmother: _____

Religion of Godmother: _____

Will any of the Godparents be by proxy? Yes No

Was the child baptized before? Yes No

Was the child adopted? Yes No

Date of Workshop: _____ Conducted by: _____

Date of Baptism: _____ Minister: _____

Remarks _____