

Baptism Registration St. Paul Newman Center

Baptizing Priest / Deacon: _____

Child's Full Name: _____ Proposed Baptismal Date/Time: _____
 (First) (Middle) (Last)

Place of Birth: _____ Child's Birthdate: _____
 (Parents are required to present the birth certificate of the child.)

Please Print:						Registered Parishioner	Marital Status	Church & City of Marriage	Catholic	Other	Office Use Only
Father:	_____	_____	_____	_____	_____	Y / N	_____	_____	Y / N	_____	Date of Baptism Class: _____ Parents and Godparents are required to fulfill the Parish program concerning Baptism Preparation.
	(First)	(Last)									
Mother:	_____	_____	_____	_____	_____	Y / N	_____	_____	Y / N	_____	
(Maiden Name)	(First)	(Last)									
Home Address:	_____										
Phone Number:	_____										
	(Home)	(Work)	(E-mail)								
Please Print:				Catholic	Sacrament of Confirmation	Marital Status	Other				
Godfather / Christian Witness:	_____			Y / N	Y / N	_____	_____				
Contact Number:	_____										
Godmother / Christian Witness:	_____			Y / N	Y / N	_____	_____				
Contact Number:	_____										

Office Use Only	
Form Submitted: _____	Birth Certificate? Y / N \$ _____ Cash / Check # _____
Certificate Mailed: _____	by: _____
Data Entry in Bapt. Register: _____	by: _____