

ST. JOHN THE APOSTLE PARISH BAPTISM REGISTRATION FORM

Office use only Date of baptism	Presider ___ Acolyte ___ Register
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Child's name				Male	
				Female	
	First	Middle name(s)	Last		
Date of Birth					
	Year	Month	Day	Place of Birth (City)	
Father's name				Religion	
	First	Middle name	Last		
Mother's name				Religion	
	First	Middle name	Maiden		
Address			City		
Postal Code			Phone		
Email					
First Sponsor's name				Must be a Confirmed Catholic	
	First	Last			
Second sponsor's name				Religion	
	First	Last			
Date of birth: Mother: _____ Father: _____					
Are you married? _____ Date of wedding: _____					
Please circle.					
Father attends church: weekly often sometimes rarely					
Mother attends church: weekly often sometimes rarely					