

Baptism Register/Preparation Form

(Please Print)

Full Name of Child to be Baptized

Child's date of birth: _____ Place of Birth _____
Month/Date/Year City & State of Birth

Father's Full Name

Mother's Full Name (Maiden Name)

Full Address: Street/City/State, Zip

Home Phone Cell Phone Email

Is the family registered at St. Paul Parish? YES NO
If not where are you registered? _____

Please list the name of the Godparents. One of the Godparents must be a practicing Catholic.

Godfather - First & Last Name (Only 1 Godfather is permitted)

Godmother - First & Last Name (Only 1 Godmother is permitted)

By signing this document, you agree that you will raise your child in the Catholic Faith.

Signature of Parents: _____

FOR OFFICE USE ONLY

Date of Baptismal Preparation: _____ Done by: _____

Is this the first child? YES NO If not list ages of Children: _____
**Archdiocese/Parish Policy: If last sibling is over 3 years of age, prep must be taken again.*

Date Scheduled for Baptism: _____ Time: _____

Celebrant: _____