

SAINT JOHN VIANNEY
BAPTISM REGISTRATION FORM

PLEASE PRINT

Env. # _____

Date: _____

Parish # _____

Name of Child: _____

Date of Birth: _____ Place of Birth: _____

Was the child adopted? Yes: _____ No: _____

Father's Full Name: _____

Religion of Father: _____ email _____

Mother's Full Name: _____ Maiden Name: _____

Religion of Mother: _____ email _____

Mailing address: _____

City: _____ ST: _____ Zip: _____

Telephone/Home: _____ Work: _____

Parish you regularly attend: _____

Are parents married Yes _____ No _____ By Catholic Priest or Deacon: Yes _____ No _____

GODPARENTS:

Godfather: _____

Is the Godfather Catholic? Yes: _____ No: _____

Has Godfather celebrated Baptism: Yes _____ No _____; Confirmation: Yes _____ No _____

First Holy Communion Yes _____ No _____

Date/Place of Baptismal Prep. classes: #1 _____; #2 _____ cert. rec'vd. _____

Godmother: _____

Is the Godmother Catholic? Yes: _____ No: _____

Has Godmother celebrated Baptism: Yes _____ No _____; Confirmation: Yes _____ No _____

First Holy Communion Yes _____ No _____

Date/Place of Baptismal Prep. classes: #1 _____; #2 _____ cert. rec'vd. _____

Will a Proxy represent either Godparent? Yes: _____ No: _____

Name of Proxy: _____

Baby Sitting Reservation Yes _____ No _____ How many children? _____

To be completed only by Adult Formation staff:

Eng celebration _____
Span. celebration _____

Class Attendance: Class A: _____ Class B: _____ waived/date of prep. _____

Date of Baptism: _____ Time: _____

Classes A and B **must be completed** before a Baptism date is scheduled. All baptisms are scheduled by calling the Adult Formation office.

Name of Presiding Priest or Deacon _____

Certificate mailed: _____ Records update: Book # _____ Page# _____ Entry # _____

By(staff name and initial): _____