Saint Raphael Parish Baptism Registration Form

514 High St. Medford, MA 02155 | 781-488-5444
Please either mail completed form to the Parish Center or email it to:
receptionist@Saintraphaelparish.org

DATE OF BAPTISM:_____

CHILD

Name of child_____
(first) (middle) (last)
Date of Birth_____Male_____Female_____

Place of Birth_____
(Hospital) (City) (State)

PARENTS

Father's name_____Religion_____

Mother's first and maiden name_____Religion_____

_____
Family Address: (Street) (City) (Zip)

Telephone_____E-Mail_____

Name of Church where you were married:_____
(Name) (City/Town)

GODPARENTS

Godfather's name_____
Godfather's religion _____If Catholic, has he been Confirmed?_____

Godmother's name _____
Godmother's religion _____If Catholic, has she been Confirmed?_____

Has the baby been previously baptized (e.g. in a hospital)? _____

Will there be proxy godparents? If so, give name and religion.

_____

_____

Are you registered members of St. Raphael's Parish?_____If not, would you like to be?_____