

St. John Vianney Church Baptismal Registration

Baptism Date: _____ **(Please call the SJV office first to schedule a date: 563.332.7910.)**

Baptism Time: **(circle one)** During 4:30pm Mass (Sat) After 4:30pm Mass (Sat) During 8:30am Mass (Sun)
During 11:00am Mass (Sun) After 11:00am Mass (Sun)

Baptism Method: Method will be pouring of water.

Baptism Prep Class Date and Location: _____

Child's Name: _____
Last First Middle

Child is: **(circle one)** Male Female

Date of Birth: _____ Place of Birth (City/State): _____

Was the child privately baptized? _____ Was the child adopted? _____

Is your family registered at SJV? _____ **(If no, please register at sjvbett.org prior to requesting baptism.)**

Family Address: _____

Family Phone: _____

Family Email Address: _____

Father's Full (Proper) Name: _____
(as it should appear on baptismal certificate) First Middle Last

Mother's Full (Proper) Name: _____
(as it should appear on baptismal certificate) First Middle **MAIDEN**

Father's Religion: _____ Mother's Religion: _____

Were the parents married by a Catholic priest? _____ In what church? _____

ONE GODPARENT MUST BE A QUALIFIED, PRACTICING CATHOLIC (16+ yrs old; confirmed in Catholic Church)

Godfather's Name: _____
(as it should appear on baptismal certificate) First Last

Godmother's Name: _____
(as it should appear on baptismal certificate) First Last

Godfather qualified, practicing Catholic? Yes No Godmother qualified, practicing Catholic? Yes No

If either godparent will be represented by proxy, please indicate which godparent and the proxy's name:

For Office Use Only:

Celebrant's Name (priest or deacon): _____

Date published in bulletin: _____ Date logged in baptismal registry: _____

Date logged in ParishSoft: _____ Date logged for Diocese of Davenport: _____