St. Augustin's Baptism Registration Form

Corner of Carroll & Harrison Ave – Newport, RI

401-847-0518

(Please return this form to St. Mary's Parish Office - 12 William St, Newport RI 02840)

Full Name of Child:_____
(First) (Middle) (Last)

Date of Birth:_____
(Month) (Day) (Year)

Birth Place: _____
(City & State)

Phone Number: _____ **Email:** _____
(Include Area Code)

Home Address: _____
(#) (Street) (City) (State) (Zip)

Father's Full Name: _____ **Religion** _____
(First) (Middle) (Last)

Mother's Full Name: _____ **Religion** _____
(First) (Middle) (Maiden - Last)

Married: **Yes** _____ **No** _____

If yes, Married by a Catholic Priest: **Yes** _____ **No** _____

Are parent's parishioners of St. Mary's? **Yes** _____ **No**_____

- **If no, what is the name of your parish?** _____
(Name of Parish) *(Use back of sheet for second parent, if necessary)*

_____
(#) (Street) (City) (State) (Zip)

- **What is your connection to St. Mary's?**_____

Godfather's Name_____
Member of St. Mary's? Yes _____ **No** _____
If No, Name of Home Parish: _____

Godmother's Name_____
Member of St. Mary's? Yes _____ **No** _____
If No, Name of Home Parish: _____

Preferred Baptism Class Preparation Date: _____
Preferred Baptism Date: _____

----------**Filled out by St. Augustin's Office Only**----------

Date of Baptism Preparation: _____

Date of Baptism: _____

Priest who will Baptize: _____