BAPTISMAL REGISTRATION

- Please **PRINT** all information clearly
- Please print **EXACTLY** how it should appear in baptismal certificate
- All required paperwork must be received at least two weeks prior to baptism

Date of birth (M/D/YY):	Place of Birth (City, State)	:
Current address:		
City:	State:	ZIP Code:
Was the child adopted? Y \square N \square	Was the child privately ba	ptized? Y □ N □
Parent Information		
Father's Name:		Religion:
Mother's Maiden Name:		Religion:
Phone:	E-mail:	Fax:
Are parents married? Y □ N □	If yes, married by priest? Y \square N \square	
Godparent Information		
Godfather:		Religion:
Godmother:		Religion:
Baptismal Classes		
Day: 1 st Wednesday of each month (English) or 2 nd Tuesday of each month (Spanish)		Time: 6:30pm to 8:30pm
Date of baptismal class:	Number of people attending	ng:
Signatures		
Both parents MUST sign form.		
Signature of father:		Date:
Signature of mother:		Date:
lease complete and mail or fax, alo	ong with a copy of the	birth certificate, as soon as possible
Baptismal Coordinator • St	. Jude Church • 21689 To	oledo Rd • Boca Raton, FL 33433 2-8172 • Fax: 561-362-0845
		Y

St. Jude Parishioner? Y \square N \square ID #_____ Other parish_____ Fee? Y \square N \square