



# Immaculate Conception BVM Church

309 South George Street  
York, Pennsylvania 17401

**Office Use Only:**

**Parish Registration Completed:**

Date: \_\_\_\_\_ Number: \_\_\_\_\_

**Baptism Registry/Certificate**

Page: \_\_\_\_\_ Number: \_\_\_\_\_

Initials: \_\_\_\_\_

Certificate Mailed: \_\_\_\_\_

Initials: \_\_\_\_\_

## BAPTISM REGISTRATION

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Male \_\_\_\_\_ / Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_/No \_\_\_\_\_ Attends Mass: Yes \_\_\_\_\_/No \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_/No \_\_\_\_\_ Attends Mass: Yes \_\_\_\_\_/No \_\_\_\_\_

Family Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Are the parents married by the Church? Yes \_\_\_\_\_ No \_\_\_\_\_ Parish: \_\_\_\_\_

Civil?: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Are the parents registered in this Parish? Yes \_\_\_\_\_ / No \_\_\_\_\_ (Parents must be registered in the Parish.)

**GODPARENTS:** Each Catholic godparent who is not a member of St. Mary's must supply us with a sponsorship letter from their parish. If godparents are married, they must be married in the Catholic Church. At least one godparent must be a Catholic in good standing; the other may be a baptized Christian.

Godfather: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Catholic: Yes \_\_\_\_\_/No \_\_\_\_\_ Attends Mass: Yes \_\_\_\_\_/No \_\_\_\_\_ Parish: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Marriage in Church (if married) \_\_\_\_\_ Name/Location of Church: \_\_\_\_\_

Godmother: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Catholic: Yes \_\_\_\_\_/No \_\_\_\_\_ Attends Mass: Yes \_\_\_\_\_/No \_\_\_\_\_ Parish: \_\_\_\_\_

Sacraments: Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Marriage in Church (if married) \_\_\_\_\_ Name/Location of Church: \_\_\_\_\_

Certificate of Eligibility received (if needed): Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

### Baptism Class

Date/Time: \_\_\_\_\_ Taught by: \_\_\_\_\_ Date: \_\_\_\_\_

### Baptism Scheduled

Date/Time: \_\_\_\_\_ Performed by: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTES: