Baptism Registration

Please print. Attach a copy of the child's birth certificate to form.

Child Information

Name of Child _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month/Day/Year City/State

Parent Information

Father's Name _____
First Middle Last

_____
Father's Religion Home Phone Work Phone Cell Phone

Mother's Name _____
First Middle Last **Maiden**

_____
Mother's Religion Home Phone Work Phone Cell Phone

Mailing Address _____
Street/PO Box City State

Parents are registered parishioners of (circle one) St. Columba Sacred Heart Other _____

Parents are married by (circle one) Priest Minister Judge Other Unmarried

Baptismal Preparation Class _____
Presenter/Parish Month/Day/Year

Godparent Information

Godfather's Name _____
First Middle Last

_____
Godfather's Religion Home Phone Work Phone Cell Phone

_____
Godfather's Parish City State

Baptismal Preparation Class _____
Presenter/Parish Month/Day/Year

Godmother's Name _____
First Middle Last

_____
Godmother's Religion Home Phone Work Phone Cell Phone

_____
Godmother's Parish City State

Baptismal Preparation Class _____
Presenter/Parish Month/Day/Year

Requested Baptism Date/Time _____ **Scheduled Date/Time** _____

Office Use Only	Announcements/Bulletin
Baptism Scheduled	Parent Cards Completed
Certificate Completed	Godparent Cards Completed
Number of Reserved Pews	Form to St C School
Review with Family	Baptism Recorded

Revised July 15, 2009