



St. Gabriel the Archangel

FAMILY OF PARISHES

____ Our Lady of the Rosary
____ St. Christopher ____ St. Peter
____ St. John the Baptist Holy Cross
PLEASE CHECK CHURCH OF BAPTISM

St Gabriel the Archangel Family of Parishes
Administrative Address
6161 Chambersburg Rd
Huber Heights, OH 45424
937-237-3516 Fax: 937-233-0977
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DATA FOR THE PARISH BAPTISMAL REGISTER

NAMES WILL APPEAR ON THE BAPTISMAL CERTIFICATE AS THEY APPEAR ON THIS PAGE
CHILD'S INFORMATION:

FULL NAME OF CHILD _____ Male _____ Female _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
City, State

HOME ADDRESS _____

CITY, STATE, ZIP _____ E-MAIL _____

PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

CHURCH REGISTERED AT? St. Peter Our Lady of the Rosary Holy Cross St. John the Baptist St. Christopher
Circle Registered Church Above

PARENTS' INFORMATION:

FATHER'S FULL NAME _____
(First, Middle, Last)

RELIGION OF FATHER _____ CHURCH OF BAPTISM _____
Name, City, State

CHURCH OF CONFIRMATION _____
Name, City, State

MOTHER'S FULL NAME _____
(First, Middle, **Maiden**)

RELIGION OF MOTHER _____ CHURCH OF BAPTISM _____
Name, City, State

CHURCH OF CONFIRMATION _____
Name, City, State

ARE THE PARENTS MARRIED? YES NO IF YES, NAME OF CHURCH _____
Circle one
CITY & STATE _____

IF NO, WHO HAS CUSTODY? MOTHER FATHER JOINT CUSTODY Circle One

WAS THE CHILD ADOPTED? _____ FROM WHAT AGENCY? _____

CITY & STATE _____

CONTINUED ON BACK

NOTES:

GODPARENTS' INFORMATION

GODFATHER'S FULL NAME _____

CHURCH AFFILIATION _____ CITY AND STATE _____

GODMOTHER'S FULL NAME _____

CHURCH AFFILIATION _____ CITY AND STATE _____

Godparents will need a Letter of Good Standing from their parish or a Godparent form, which we can provide.

IF THE GOD PARENTS ARE BEING REPRESENTED BY PROXY, PLEASE LIST THEIR NAME(S):

PROXY FOR GODFATHER _____

PROXY FOR GODMOTHER _____

WAS THE CHILD PRIVATELY BAPTIZED? _____ WHEN _____

WHERE DID IT TAKE PLACE? _____

NOTES:

FOR OFFICE USE ONLY

Date Form Received _____ Baptismal Preparation Class Date _____

Registered Member _____ Baptism Book _____

PDS _____ Bulletin _____ Certificate Mailed _____

Approved for Baptism by Priest or Pastoral Associate _____

Date Receipt of Godfather's Letter _____ Date Receipt of Godmother's Letter _____

BAPTISM DATE REQUESTED _____

Notes for Priest:

DATE OF BAPTISM _____

PRIEST OR DEACON SIGNATURE _____

Rev, 12/2023