BAPTISM: Information and Registration Form

(Please print or type)

CHILD: _____
(First) (Middle) (Last)

BIRTH DATE: _____ CITY: _____

FATHER: _____
(First) (Middle) (Last)

Religion: _____

MOTHER: _____

(First) (Middle) (Maiden)

Religion: _____

ADDRESS: _____
Number Street

_____
City State & Zip

PHONE: _____ EMAIL: _____

CHURCH PARISH WHERE REGISTERED: _____
(If outside St. Gerard's Parish) Pastor Approved: _____

Was child baptized in emergency? ( ) No ( ) Yes Date: _____

GODFATHER: _____
(First) (Middle) (Last)

Religion: _____

GODMOTHER: _____
(First) (Middle) (Last)

Religion: _____

( ) Registration Verified (OFFICE CHECKLIST)

Date of Baptism: _____

Priest: _____