

Baptismal Registration Form

St. Genevieve Catholic Church

(Please print when completing this form)

Child's Full Name: _____

(The name should be written as it appears on the Birth Certificate)

Date of Birth: (Month) _____ (Date) _____ (Year) _____

Place of Child's Birth: (City) _____ (State) _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: (Including maiden) _____

Mother's Religion: _____

Are parents married? (Please check one)

Yes ____ No ____

By a: Priest/ Minister ____ or Justice of the Peace ____

Godfather's Full Name: _____

(Remember that he must be a baptized Catholic, has made his First Communion, and Confirmed)

Godmother's Full Name: _____

(Remember that she must be a baptized Catholic, has made her First Communion, and Confirmed)

Parent's Mailing Address: _____

Home Phone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

This area will be filled out by the Rectory Office or the Deacon offering the Baptismal Class.

Date of Baptism: _____

Celebrant of the Sacrament: _____