

BAPTISM REGISTRATION

Date of First Contact: _____ First Baptism? _____
Date of Instruction (1st Baptism only): _____

Child's Full Name: _____

Phone: _____ Date/Place of Birth: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Maiden Name: _____

Religion: _____ Religion: _____

Registered at SJV? _____ Registered at SJV? _____

Practicing? _____ Practicing? _____

If registering at SJV now, Why and From Where? _____

Were Parents Married in the Catholic Church? _____ If not, Response: _____

Godfather: _____ Godmother: _____

Religion: _____ Religion: _____

Date of Baptism: _____ Mass Time: _____

Name of Priest: _____ Number in Attendance: _____

OFFICE NOTES:

FOR OFFICE USE ONLY

____ Record in Sacrament Book ____ Record in ACS People ____ Record on Census Card