



Data for Baptismal Register Form

Baptism Scheduled for: / /

Name of Child :

Date of Birth: / /

Place of Birth :

Current Address :

City : Zip Code :

Father's Name : Father's Religion :

Mother's Full Maiden Name : Mother's Religion :

Father's Phone : Mother's Phone :

Father's Email : Mother's Email :

Are the child's parents REGISTERED members of Saint James? Yes No

If no, permission of their pastor must be obtained for this Baptism. Letter received? Yes No

In what church were you married? City/State :

Why do you desire to have this child Baptized?

Godfather (Full Name) : Religion :

Is The godfather a Confirmed, practicing Catholic over 16 years of age? Yes No

Godmother (Full Name) : Religion :

Is The godmother a Confirmed, practicing Catholic over 16 years of age? Yes No

Were the parents married by a Catholic priest/deacon? Yes No

If no, was there dispensation/permission? Yes No

Was the child baptized privately in a hospital or other setting? Yes No

Are there other children in the family? Yes No

If yes, do the children attend school? Yes No

Please list each school-aged child along with the school they attend:



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NOTES:

Received Baptismal Preparation

Yes No

Baptized

Yes No

Recorded in Parish Registry

Yes No