BAPTISMAL INFORMATION
St Anthony of Padua Church / School

CHILD'S FULL NAME:_____ PROPOSED BAPTISMAL DATE: _____
(FIRST) (MIDDLE) (LAST)

PLACE OF BIRTH:_____ CHILD'S BIRTHDATE: _____
(PARENTS ARE REQUIRED TO PRESENT THE BIRTH CERTIFICATE OF THE CHILD)

CHILD IS CURRENTLY ENROLLED AT ST ANTHONY'S SCHOOL Y / N GRADE: _____ TEACHER: _____

PLEASE PRINT:

	Registered Parishioner	Martial Status	Church & City of Marriage	Catholic	Other
Father: _____	Y/N	_____	_____	Y/N	_____
Mother: _____ MAIDEN NAME	Y/N	_____	_____	Y/N	_____

Address: _____

Phone # (Work) (Mobile) (E-Mail)

DATE OF BAPTISM CLASS:

_____

_____

Parents and Godparents are required to fulfill the Parish program concerning Baptism Preparation.

***PLEASE PRINT**

	Catholic	Sacrament of Confirmation	Marital Status	Other
Godfather /Christian Witness: _____ Contact #	Y / N	Y / N	_____	_____
Godmother/Christian Witness: _____ Contact #	Y / N	Y / N	_____	_____

_____

_____

OFFICE USE ONLY

FORM SUBMITTED TO SCHOOL RELIGION COORDINATOR: ____ / ____ / _____ BY: _____ PARISH # _____

FORM COMPLETED: ____ / ____ / _____ BY: _____ BIRTH CERT: Y/N $: _____ CASH / CHECK # _____

CERTIFICATE PREPARED: ____ / ____ / _____ BY: _____ CERTIFICATE GIVEN AT CEREMONY: Y / N MAILED: ____ / _____ / _____ BY_____

DATA ENTRY IN BAPT. REGISTER: ____ / ____ / ____BY: _____ DATA ENTRY IN PCH: ____ / ____ / _____ BY_____