

Information for Holy Spirit Baptism Register

Please Print Clearly

1. Today's Date: _____
2. Child's Name: _____ Boy Girl
3. Mailing Address: _____
Street address

City State *ZIP*
4. Telephone Number: () _____
5. Email: _____
6. Child's Date of Birth: _____
7. City & State of Birth: _____
8. Father's Name: _____
9. Religion of Father: _____
10. Mother's Full Married Name: _____
11. Mother's Maiden Name: _____
12. Religion of Mother _____
13. Are Parents Married According to the norms of the Catholic Church? YES, NO*
*** NOTE: If 'NO' parents are to meet with Fr. John Peter before scheduling the baptism.**
14. Was the child privately baptized? YES, NO, or adopted? YES, NO

⌘ Below this line is Reserved for Office Use ⌘

Godfather _____ Religion _____

Godmother _____ Religion _____

Is Godparent represented by Proxy? YES , NO

Name of Proxy: _____

Date baptism scheduled: _____

Name of clergy performing baptism: _____

Date Baptism took place: _____