

## BAPTISM INTAKE AND REGISTRATION INFORMATION

Name of Child (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Is this your first child? \_\_\_\_\_ yes \_\_\_\_\_ no      Have you had Baptism instructions? \_\_\_\_\_ yes \_\_\_\_\_ no

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Address of Residence \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (last) \_\_\_\_\_

Religion of Father \_\_\_\_\_ Religion of Mother \_\_\_\_\_

Mother's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Are the Parents married? \_\_\_\_\_ yes \_\_\_\_\_ no

Are they registered at St. Augustine \_\_\_\_\_ yes \_\_\_\_\_ no

Godfather's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Is Godfather Confirmed Catholic? \_\_\_\_\_ yes \_\_\_\_\_ no

Certification required \_\_\_\_\_ yes \_\_\_\_\_ no      Parish Name \_\_\_\_\_ City, State \_\_\_\_\_ ]

Godmother's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Is Godmother confirmed Catholic? \_\_\_\_\_ yes \_\_\_\_\_ no

Certification required \_\_\_\_\_ yes \_\_\_\_\_ no      Parish Name \_\_\_\_\_ City, State \_\_\_\_\_

Is either Godparent represented by Proxy? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Proxy \_\_\_\_\_

Was the child adopted? \_\_\_\_\_ yes \_\_\_\_\_ no

Was child privately baptized? \_\_\_\_\_ yes \_\_\_\_\_ no

Date requested for Baptism \_\_\_\_\_

Preferred time is after last Mass on 3<sup>rd</sup> Sunday of Month

Baptisms are also scheduled on 2<sup>nd</sup> Sunday of month after the last Mass

Priest/Deacon Minister of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

Instruction Completed? \_\_\_\_\_ yes \_\_\_\_\_ No      Date \_\_\_\_\_

Signature of Minister \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Parish Office one completed.      Thank you.