

St. Brigid Catholic Church

BAPTISMAL REGISTRATION

This information must match the birth certificate exactly*:

Child's Name: _____ *

First

Middle

Last

Father's Name: _____ *

First

Middle

Last

Mother's Name: _____ *

First

Middle

Last (Maiden)

Address: _____

Street

City

State

Zip

Phone: () _____ () _____

Father

Mother

Date of Birth: _____ *

Month

Day

Year

Place: _____ *

City

State

Parents: Registered Parishioners: Yes ID# _____ No _____

Classes taken? Yes / No _____ All letters turned in? Yes / No _____

Candle? Yes / No _____

Godfather: _____

First

Middle

Last

Godmother: _____

First

Middle

Last

Godparents: Registered Parishioners: Yes ID# _____ / _____ No _____ / _____

GF

GM

GF

GM

Classes taken? Yes / No _____ / _____ All letters turned in? Yes / No _____ / _____

GF

GM

GF

GM

***If baptism does not take place at least six months from onset, all required paperwork, will be discarded and process will need to begin again.*

Please do not write below this line.

Date Rec'd: _____ (For Office Use Only)

Date of Baptism: _____

Month

Day

Year

Time

Baptism Performed By: _____ Priest/Deacon

DONE: Y _____ N _____ DATE: _____ BY: _____ (priest/deacon)

CO__ SCH__ PC__ CE__ CU__ CA__ RG__