

St. Peter the Apostle R.C. Church

Baptismal Registration Form

Full Name of Child	<u>d</u> :		
Date of Birth:	/ / City o	f Birth:	
Parents Address: _			
	City:	State: Zip: _	
	Email:		
	Cell Phone ()	Other Phone ()
Mother's Full Name:		(Faith:)	
<u>Father's</u> Full Nan	ne:	(FaitI	າ:)
Married? Yes	_ / No Civil Ceremony_	Protestant Ceremon	y Catholic
Godmother:		(Faith: _)
Letter of Elegibility	from his/her Home Parish	Pre-Jordan Class?	Date:
Godfather:		(Faith:)
Letter of Elegibility	from his/her Home Parish	Pre-Jordan Class?	Date:
	to the Church? Is this Fam		
Interviewed By:		Copy of State Birth Certificate?Y N	
Date of Intended Baptism:		Priest Celebrant:	
Baptismal Prep. Se	ession Scheduled for:/	_/ Given By: Form Cre	ated: January 2 2017