

REGISTRATION FOR BAPTISM _____

Entered into DB: _____

BAPTISM DATE _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

CITY/STATE OF BIRTH: _____

MAILING ADDRESS: _____

PHONE: _____

Email address: _____

FATHER'S FULL NAME:	MOTHER'S FULL (including MAIDEN) NAME:
RELIGION:	RELIGION:
GODFATHER'S NAME:	GODMOTHER'S NAME:
RELIGION:	RELIGION:
GODFATHER'S PROXY'S NAME:	GODMOTHER'S PROXY'S NAME:

REGISTERED AT ST. THOMAS AQUINAS? YES / NO

WAS THE CHILD PRIVATELY BAPTIZED? YES / NO

WAS THE CHILD ADOPTED? YES / NO

DATE OF BAPTISM CLASS: _____

DATE OF MEETING: _____

ATTESTATION(S) GODFATHER: YES / NO **GODMOTHER:** YES / NO

PRIEST/DEACON: _____

RECORDED BY: _____

YEAR:PAGE:LINE: _____

DB: _____ CCS NOTIFIED: _____ CERTIFICATE: _____