

St. Paul Baptism Record Information (Please Print)

Full Name of Child to be Baptized: _____
First Middle Last

Date of Birth: _____

Place of Birth: City: _____ State: _____ Country: _____

Father's Name: _____
First Middle Last

Religion: _____

Mother's Name: _____
First Middle Maiden Last

Religion: _____

Street Address of Parents: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

We can only record one godfather and one godmother in the official register:

Godfather's Name: _____

Is Godfather a practicing Catholic? Yes _____ No _____

Godmother's Name: _____

Is Godmother a practicing Catholic? Yes _____ No _____

Is either godparent represented by a proxy? Yes _____ No _____

Name of Proxy: _____

Was the child adopted? Yes _____ No _____

Are the parents of the child married to each other? Yes _____ No _____

Did the marriage take place in the Catholic Church? Yes _____ No _____

Date requested for the Baptism*: _____

*Date is subject to Church/Parish calendar. We will call to confirm the date.

PLEASE ATTACH A COPY OF THE CHILD'S BIRTH CERTIFICATE FROM THE STATE.

FOR OFFICE USE ONLY

Class Attended: _____

Fee Paid: _____

Date of Baptism: _____

Birth Certificate: _____

Presider: _____

Godparent certificate 1: _____

Recorded: _____

Godparent certificate 2: _____