



ST. RAYMOND
CATHOLIC CHURCH

BAPTISMAL REGISTRATION FORM

CHILD INFORMATION:

Today's Date: _____

Child's Full Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email: _____

PARENTAL INFORMATION:

Father's Name: _____

Religion: _____ Sacraments: Baptism Communion Confirmation

Mother's Name: _____ Maiden Name: _____

Religion: _____ Sacraments: Baptism Communion Confirmation

Marital Status: Married? Yes No Marriage Sacrament Celebrated? Yes No

Where: _____ When: _____

Parishioner of St. Raymond? Yes No If Yes, How Long? _____

Attended Baptismal class? Yes No If Yes, When & Where? _____

Sponsor I: _____

Sponsor II: _____

Officiating Minister: _____

Date & Time of Baptism: _____

For Office Use Only: Calendar: _____ Certificate: _____ Baptismal Register: _____ PDS: _____