Church of the Resurrection

Reset Form

The Sacrament of Baptism

(Please print all information.)

Planned Baptism Date:_____ Time:_____ Church ☐ Chapel ☐

(Date & time of Baptism must be set with one of the priests.)

PARISHIONER INFORMATION:

Parishioner Name: _____

(e.g., Mr. & Mrs. John J. Smith)

Home Phone:_____ Registration Number:_____

Street Address: _____

City:_____Zip Code:_____

BAPTISM INFORMATION (for register & certificate):

Boy ☐
Girl ☐

Child's Name:_____
First Middle Last

Birth date:_____ Birth City:_____
(mm/dd/yy) City State/Country

Father: _____ Catholic?
First Name Middle Last

Mother:_____ Catholic?
First Name Middle **Maiden** Last Name

Godfather:_____ Catholic?
First Name Middle Last

Godmother:_____ Catholic?
First Name Middle Last

PARISH OFFICE USE:

Interviewed by:_____ Date:_____

Remarks:_____

Baptized by Rev. _____ Date:_____

Recorded in Register: _____ _____ Certificate Issued:_____
Page Line (mm/dd/yy)

Publication (Bulletin Date):_____