

## ST. POLYCARP'S PARISH BAPTISMAL REGISTRATION FORM

Today's Date \_\_\_/\_\_\_/\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

<b>CHILD'S NAME</b> _____			
FIRST	MIDDLE	LAST	
<b>DATE OF BIRTH</b> ___/___/___	<b>CITY OF BIRTH</b> _____	<b>STATE</b> _____	

<b>FATHER'S NAME</b> _____			
FIRST	MIDDLE	LAST	
<b>FATHER'S RELIGION</b> _____			
ATTENDS CHURCH	Every Sunday	Occasionally	Seldom      Never

<b>MOTHER'S NAME</b> _____			
FIRST	MIDDLE	LAST	MAIDEN NAME
<b>MOTHER'S RELIGION</b> _____			
ATTENDS CHURCH	Every Sunday	Occasionally	Seldom      Never

<b>PARENT'S ADDRESS</b> _____		
House No.	Street Address	Development
_____	_____	_____
City	State	Zip Code

<b>PARISH FAMILY IS REGISTERED IN:</b> _____	<b>Date Registered</b> ___/___/___
<b>If not registered in any parish answer NONE</b> _____	
<b>MARRIED BY A PRIEST OR DEACON?</b> ___ YES ___ NO ___ OTHER	

<b>Godfather we are requesting is</b> _____	<b>Religion</b> _____
<b>Godmother we are requesting is</b> _____	<b>Religion</b> _____
<b>Who would you like as a Christian Witness if one of the above cannot fulfill the obligation of Godparent</b>	
<b>And their Religion</b> _____	

NAMES OF OTHER CHILDREN	BIRTH DATE	BAPTISM DATE

☞ To be completed by Baptism Team and Parish Priest/Deacon

Name of Baptism Team Priest and/or Deacon	Date of Session	Excused	Reschedule Date
1 <sup>st</sup> Session			

Comments/Information
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Information given by:  Mother  Father  Other \_\_\_\_\_  
 Information recorded by: \_\_\_\_\_

Requested Schedule of Baptism			
Scheduled Date	Time	Parish Calendar	<input type="checkbox"/> Priest/ <input type="checkbox"/> Deacon Calendar
1 <sup>st</sup>			
2 <sup>nd</sup>			
Alternate Date			

Request for Baptism:  Approved by \_\_\_\_\_  
 Postponed for reason of \_\_\_\_\_

<b>DATE OF SCHEDULED BAPTISM</b>  ____/____/____	<b>TIME</b>  ____AM/PM	<b>PERFORMED BY:</b>
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<b>TO BE COMPLETED BY PARISH OFFICE</b>		
Baptism recorded: ____/____/____	Certificate Prepared: ____/____/____	Certificate Sent: ____/____/____