

BAPTISM REGISTER
ST. PAUL CHURCH
ELLCOTT CITY, MARYLAND

Requested date of Baptism _____

Child's Name _____
(First) (Middle) (Last)

_____ Date of Birth _____ City and State of Birth _____

Residence _____

Home Phone _____ Work Phone _____

E-mail Address _____

Father's Name _____
(First) (M.I.) (Last)

Father's Religion _____

Mother's Name _____
(First) (M.I.) (Maiden) (Married)

Mother's Religion _____

Parents' Marital Status: Married Single* Divorced* Separated*

* Were the parents married by a Catholic priest/deacon or with permission from the Church? _____

Length of Parish Membership _____ Do Parents practice their faith? _____

Godfather's Name _____
(First) (M.I.) (Last)

Godfather's Religion _____

Godmother's Name _____
(First) (M.I.) (Last)

Godmother's Religion _____

Name of Proxy _____ Proxy for _____ Godfather
(if applicable) (First) (M.I.) (Last) _____ Godmother

Was the child baptized in an emergency? Yes* No Was the child adopted? Yes * No

* This registration should be referred to a priest or deacon *before* the baptism date is made final.

INSTRUCTION CERTIFICATION

_____ **Instruction waived**

_____ **Instruction completed on:** _____
(date)

Signature _____

Instruction Notes

BAPTISM CERTIFICATION

Baptism Date

Priest/Deacon Signature