



Baptism Date & Time: _____

Presiding Priest/Deacon: _____

ST. STANISLAUS CATHOLIC CHURCH

www.ststanislausbandera.com

BAPTISMAL REGISTRATION FORM

Please print all information clearly

All information is confidential and recorded in St. Stanislaus Church registry.

Today's Date: _____ Gender Of Child (M/F): _____

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

Date of Birth: _____ City of Birth _____ State _____
(A copy of child's official state birth certificate must accompany Registration Form)

Father's Full Name: (First,Middle,Last) _____ Religion: _____
(As stated on child's official state birth certificate)

Mother's Full Name: (First,Middle,Last) _____ Religion: _____
(As stated on child's official state birth certificate)

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime _____ Cell _____

Are you (Parents) registered members of St. Stanislaus Catholic Church? Yes () No ()

If you are not a member of St. Stanislaus Catholic Church, permission is required from your Parish.

Was the child adopted? Yes () No () If yes, legal documentation is needed.

Parent(s) Signature

By signing below, I certify that all information provided on this form is true and correct; and I hereby give permission for the baptism of the above named child in the Catholic Church:

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT

DATE

*****Please provide required Godparent/Christian Witness information on the back of this form.*****

Catholic Godparent Information

Name of Male Godparent: _____

Member of St. Stanislaus?: Yes () No () If No, where? _____
(A letter or certificate of verification is required from their Parish)

Is Male Godparent in a valid Catholic Marriage, i.e., married in the Catholic Church? Yes () No ()

Name of Female Godparent: _____

Member of St. Stanislaus?: Yes () No () If No, where? _____
(A letter or certificate of verification is required from their Parish)

Is Female Godparent in a valid Catholic Marriage, i.e., married in the Catholic Church? Yes () No ()
If No, Where? _____

Will either Godparent be represented by a Proxy (ies)? Yes () No ()

Non-Catholic Christian Witness

Name of Christian Witness: _____ Religion of Baptism: _____

Name of Church, City, and State where you are a member: _____

Baptismal Classes for Parents and Godparents:

Parents:

Date Attended: _____ Location: _____

If Parents have not attended a Baptismal Class within 4 years:

Date Scheduled: _____ Location: _____

Godparents:

Date Attended: _____ Location: _____

If Godparents have not attended a Baptismal Class within 4 years:

Date Scheduled: _____ Location: _____