

**ST. PIUS X CATHOLIC CHURCH
BAPTISMAL REGISTRATION FORM**

Please Print Clearly:

Child's Full Name: _____
Last, First Middle

Residence: _____
Address

City, State, Zip Code

Phone (s): _____ (Home/Cell/Other)
_____ (Home/Cell/Other)

Date of Birth: _____
(MM/DD/YYYY)

Place of Birth: _____
City, State

Father's Name: _____ **Religion:** _____
Last, First, Middle

Mother's Name: _____ **Religion:** _____
Last, First, Middle

Mother's Maiden Name: _____

Are Parent's Married? Yes _____ No _____

Were parent's married in the Catholic Church? Yes _____ No _____

Godfather's Name: _____ **Religion:** _____

Godmother's Name: _____ **Religion:** _____

If applicable: Proxy Godfather's Name: _____

Proxy Godmother's Name: _____

Was child privately baptized? Yes _____ No _____

Was child adopted? Yes _____ No _____

Are parents registered in parish? Yes _____ No _____

If child, are parents practicing Catholics? Yes _____ No _____

Mass attendance? Weekly: _____ Monthly: _____ Easter Duty: _____

For Office Use Only:

Date seminar attended: _____

Present: Mother: _____ Father: _____

Godfather: _____ Godmother: _____

Date of Baptism: _____

Baptised By: _____