



# ST. ANASTASIA CATHOLIC CHURCH BAPTISM REGISTRATION

BAPTISM DATE REQUESTED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BAPTISM CLASS: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(COMPLETED BY OFFICE)

(PLEASE NOTE: BAPTISM DATE WILL BE SCHEDULED AT LEAST 1 MONTH AFTER ATTENDING BAPTISM CLASS)

NAME OF CHILD: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_  
LAST FIRST MIDDLE

RELIGION: \_\_\_\_\_ PARISH AFFILIATION: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_  
LAST FIRST MIDDLE

MOTHERS MAIDEN NAME: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ARE BOTH PARENTS REQUESTING TO HAVE THE BABY BAPTIZED? [ ] YES [ ] NO  
(IF "NO", PLEASE EXPLAIN ON BACK OF THIS FORM)

## GODPARENT INFORMATION:

NAME OF GODFATHER: \_\_\_\_\_  
LAST FIRST MIDDLE

RELIGION: \_\_\_\_\_ PARISH AFFILIATION: \_\_\_\_\_

NAME OF GODMOTHER: \_\_\_\_\_  
LAST FIRST MIDDLE

RELIGION: \_\_\_\_\_ PARISH AFFILIATION: \_\_\_\_\_

ANYONE BY PROXY: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
NAME

(SIGNATURE OF PERSON REQUESTING BAPTISM) (RELATIONSHIP TO CHILD) (DATE)

## TO BE COMPLETED BY THE PASTOR/DEACON:

BAPTISM INSTRUCTION BY: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
NAME DATE

NOTES: \_\_\_\_\_

BAPTISM PERFORMED BY: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
(MINISTERS NAME—PRINT) (DATE)

\_\_\_\_\_  
(MINISTERS SIGNATURE)

