

St. Anastasia Catholic Church
Baptism Request and Registration Form

PLEASE PRINT

Name of Child: _____ Male _____ Female _____
 First Middle Last Circle One

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Place: _____ Child previously baptized? Y/N

Mother's Full (maiden) Name Religion Parish Affiliation

Father's Name Religion Parish Affiliation

Godmother: _____ Religion: _____

Parish Affiliation: _____

Godfather: _____ Religion: _____

Parish Affiliation: _____

Anyone by Proxy? Name _____ Religion: _____

Are both parents requesting to have the baby baptized? ____yes ____no

(If 'No', please explain on back of this form.)

Signature of person requesting baptism Relationship to child Date

Baptism date will be scheduled at least 1 month after attending baptism class.

To be filled in by minister:

Baptism Instruction by: _____ **Date:** _____

Notes: _____

To be filled in by Minister of Baptism:

Minister Signature

Date of Baptism

Print name of Minister