



Baptismal Registration

All information is confidential and recorded in St. Ann Parish Registry

(Please Print)

(Age required under 8)

Minimum of 5 registration is required to do the celebration

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

Date of Birth: ____/____/____ Place of Birth _____ State _____ Country _____
Month Day Year

Home Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Home _____ Cell _____ another Cell _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Who has custody of this child: Mom () Dad () Both () Other _____

Godfather's Full Name: _____ Religion: _____

Godmother's Full Name: _____ Religion: _____

Will either godparent be represented by a proxy? Y () N () Name of Proxy: _____

Do both parents agree to the Baptism of this child? YES: _____ NO: _____ Registration Date: ____/____/____

Name of the person completing the form: _____ **Parents Signature Only**

Paid Cash () Check () or CC () Receipt # _____ **Fees are Non-Refundable** Desired Date of Baptism ____/____/____

Office Use Only

Receive Date ____/____/____ Received By _____ Birth Certificate _____ Donation/Payment _____ Note _____

Date of Baptism ____/____/____ Time _____ Celebrant _____ Book # _____ Page # _____ Line# _____