

St. Clare of Assisi Baptismal Registration Form

This box to be completed by Parish

Family lives within the Parish Boundary:

YES NO

Date Registration into Parish: _____

Sunday Envelope No. _____

| | | |
|---------------|---------------|-----------|
| _____ | | |
| Child's Name | Middle Name | Last Name |
| _____ | | |
| DATE OF BIRTH | CITY OF BIRTH | |

Father's First Name

Mother's First Name

Father's Last Name

Mother's Maiden Name

Religion / Rite / Denomination

Religion / Rite / Denomination

Are parents married in a Catholic Church? YES NO If no state where: _____

Current Address of Residence

City

Postal Code

HOME TELEPHONE NUMBER

CELL NUMBER

Godfather's Name

Godmother's Name

Catholic: Yes No Age: _____

Catholic: Yes No Age _____

Confirmed: Yes No

Confirmed: Yes No

Name of Witness _____ Denomination: _____ Age: _____

COMMENTS BY FATHER:

To be completed by Parish :

Preparation Date: _____

Date of Baptism: _____