

**ST. PATRICK'S & HOLY CROSS PARISH
BAPTISM REGISTRATION FORM**

Today's Date: _____

CHILD'S NAME: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

RELIGION: _____

MOTHER'S NAME: _____

MAIDEN NAME: _____

RELIGION: _____

GODPARENT NAME: _____

RELIGION: _____

GODPARENT NAME: _____

RELIGION: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

COURSE COMPLETION: _____

DATE FOR BAPTISM: _____

OFFICIATING PRIEST: _____

FOR OFFICE USE ONLY:

Submitted:

Birth Certificate _____

Contact List _____