

Baptism Registration Form

Please return completed form with a copy of child's birth certificate.

Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Father's Last Name: _____

First Name: _____

Other: _____ Religion: _____

Mother's Maiden Name: _____

First Name: _____

Other: _____ Religion: _____

Address of Parents: _____

Postal Code: _____

Contact Numbers: Home: _____ Email: _____

Father Work: _____ Cell: _____

Mother Work: _____ Cell: _____

Baptism Preparation Completed (Date): _____

Date of Baptism: _____ Celebrant: _____

Godparents

Name: _____ Religion: _____

Name: _____ Religion: _____

OFFICE USE ONLY

St. Augustine Parish – Permission of Pastor for Out of Parish Baptism

Permission is hereby granted to: _____

For the baptism of their child in the parish of: _____

Diocese of: _____ Address: _____

Date: _____ Signature: _____