



St. Peter's Church
BAPTISM REGISTRATION FORM

All of the information below is important, please fill it out. Please print two copies, one to be given to the parish, and one to bring with you to the Baptismal Preparation session. This required session is held four times per year (July, November, January, March) at 2pm in the Marian Room at Holy Rosary. For questions or more information, please ask your pastor.

Name of Child _____ M or F (circle one)
(First) (Middle) (Last)

Home Address: _____ Phone Number _____

City / State / Zip code: _____

Date of Birth: (month) _____ (day) _____ (year) _____

Place of Birth: (city) _____ (state) _____

Date of Baptism _____

Time of Baptism: _____

Legal Name of Father: _____
(First) (Middle) (Last)

Religion of Father: _____

Legal Name of Mother: _____ (Maiden) _____
(First) (Middle) (Last)

Religion of Mother: _____

Is the marriage of the parents sacramental? (yes) _____ (no) _____ (Please check one)

One Godparent must be an active, fully initiated Catholic and the other witness either a Catholic or a baptized Christian. Sponsors living outside of St. Peter's must have a Sponsor certificate from their pastor.

Name of Godfather / witness: _____

Religion of the Godfather / witness: _____

Name of Godmother / witness: _____

Religion of the Godmother / witness: _____

Will either godparent be represented by proxy? (yes) _____ (no) _____ (Please check one)

If yes, the name of proxy: _____

Was the child adopted? (yes) _____ (no) _____ (Please check one)

Was the child privately baptized? (yes) _____ (no) _____ (Please check one)

Date the parents attended the Baptismal preparation class: _____

If your family is not registered in St. Peter's, do we have the letter of your pastor's approval?
Yes: _____ No, I need to get a Letter from our Pastor _____

With Which Priest have you discussed the Baptism of your Child? _____

- ❖ All Requested information is important for sacrament records.
- ❖ Please register for the session by contacting the Parish Office 740 264-2825 and submitting your name and phone number.
- ❖ Please complete the form and print one copy.
- ❖ Present this form to the priest with whom you scheduled your child's baptism If you have already participated in a Baptismal Preparation Session.
- ❖ If you have not attended this required session, please present the form to the leader at the session which is held four times per year (July, November, January, March) **at 2:00p.m. in the Marian Room (202) Rosemont Ave.**
- ❖ If you have any additional question or concerns please talk with one of the priests.

Office Notations:

- _____ The Baptismal Preparation Team has been notified of the status of the Baptism
- _____ Completion of Baptismal Class: Yes, Date _____ No, Why? _____
- _____ Date has been scheduled on the St. Peter's Calendar
- _____ The Sacramental recording has taken place (Baptismal Record and PIM & PDS)