**ST JOHN BREBEUF PARISH BAPTISMAL REGISTRATION FORM**

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|  | **CHILD INFORMATION** |
| **DATE OF BAPTISM** |  |
| **NAME** |  |
| **MALE OR FEMALE** |  |
| **DATE OF BIRTH** |  |
| **HOSPITAL & CITY** |  |

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|  | **FATHER INFORMATION** | **MOTHER INFORMATION** |
| **NAME** |  |  |
| **ADDRESS** |  |  |
| **EMAIL** |  |  |
| **PHONE NO.** |  |  |
| **RELIGION** |  |  |

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|  | **GOD-FATHER INFORMATION** | **GOD-MOTHER INFORMATION** |
| **NAME** |  |  |
| **RELIGION** |  |  |
| **MUNICIPALITY** |  |  |

***To be a god-parent, one must be baptized and confirmed in the Catholic Church. All others may be witnesses but not god-parents of the child.***

***If proxies are needed please give information below:***

NAME OF PROXY(IES):

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