BAPTISM REGISTRATION INFORMATION FORM (please print clearly)
St. Stephen the Martyr Catholic Church

Name of Child_____ **Gender** _____
First Middle Last M/F

Date of Birth_____ **Place of Birth**_____
mm/dd/year City State Zip

Father's Full Name:_____ **Religion** _____
First Middle Last

Mother's Maiden Name:_____ **Religion** _____
First Middle Last (Maiden)

Address: _____
Street City State Zip

Phone Contact: (H) _____ **(Cell)** _____

Are Parents members of St. Stephen the Martyr? Yes / No

If no, permission of their pastor must be obtained for this Baptism. Received Letter? Yes/No

Were Parents Married in a Catholic Church? Yes / No Name of Church?_____
How often did you attend Mass this past year ? ☐ Every Sunday ☐ 2+ weeks/month ☐ Occasionally

Godfather's Name _____ **Is Godfather an active, practicing Catholic? Yes/ No**

Godmother's Name _____ **Is Godmother an active, practicing Catholic? Yes/ No**

Will a proxy represent either Godparent? Yes / No If yes, Name of Proxy _____

Was the child baptized in an emergency basis? Yes / No Was the child adopted? Yes / No

If the baptism is to be celebrated at an out of town parish, provide: _____
Priest/Deacon's Name

Parish Name Street Address City State Zip

Signed:_____ **Today's Date**_____
Mother or Father

Office Use Only

Date Registered in Parish:_____
Baptism Instructions Received by: _____
Father _____ Mother _____ Both _____
Date of Baptism Class: _____
Instructor _____

☐ Sponsor Certificates Received.
☐ ParishSoft Entry Completed
☐ Certificate Printed
☐ Welcomed in Bulletin
☐ Register Book Entry Completed

Date of Baptism _____ **Priest/Deacon** _____