

Baptismal Registration and Intake Form Today's Date: _____

Saint Gregory Catholic Church

Date of Baptism _____ Mass time: (please circle) Sat. 5 p.m. Sun. 7:30 a.m. or 10:30 a.m.

Full Name of Child _____

Child's Date of Birth _____ City & State _____ Hospital _____

Father's Full Name _____ Religion _____

Mother's Maiden Name _____ Religion _____

Address _____ Phone _____

N.B. Godparents must be practicing Catholics at least 16 years of age. This will be discussed in classes. Please wait for classes before you choose your godparents.

Are you a registered member of St Gregory Parish? Yes _____ No _____

Godfather's name _____ Religion _____

Godmother's name _____ Religion _____

Number of pews requested 1 or 2 (Please circle)

Please return the completed forms to parish office.

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For office use only

Date of Baptism Class _____

Date of Baptism _____ Time of Baptism _____

Date certificate recorded _____ Page # _____ Date mailed _____

Priest / Deacon _____ Date _____

PLEASE PRINT

Signature _____ Date _____