Saints Francis & Clare of Assisi
Catholic Church

Saints Francis & Clare of Assisi Catholic Church Baptism Registration Form

Registration form must be completed and returned to the Parish Office **TWO WEEKS** prior to scheduled baptism.

Full name of Person to be Baptized:_____

Gender: ☐ Male ☐ Female
Date of Birth:_____ Place of Birth City:_____ State:_____

Father's Full Name:_____
Mother's Full Name:_____
Mother's Maiden Name:_____

Parent's Street Address:_____
City:_____ State:_____ Zip:_____
Parent's Phone Number:_____ Parent's Email:_____

SPONSOR/GODPARENT INFORMATION

Godfather's Full Name:_____
Are they a parishioner of Saints Francis & Clare of Assisi Yes No
Godfather's Religion:_____
*Proxy for Godfather:_____

Godmother's Full Name:_____
Are they a parishioner of Saints Francis & Clare of Assisi Yes No
Godmother's Religion:_____
*Proxy for Godmother:_____

GENERAL INFORMATION

**Date of Baptism:___/_____/_____ **Time:_____
**Officiate:_____

**Location of Baptismal Preparation Class:_____
**Date of Baptismal Preparation Class:____/_____/_____

Additional Information:_____
_____
_____

**If applicable, **If Known*

Office Use Only
Parishioner: Y N Prep Class Scheduled: Y N Date of Prep Class:_____ Parent Letter of Good Standing: Y N
Sponsor/Godparent Letter of Good Standing: Y N Officiate Notified: Y N PDS_____
Sacramental Volume #_____ Page #_____ Entry #_____