



SAINTS FRANCIS AND CLARE BAPTISM REGISTRATION FORM

Full Name of Person Baptized _____ M F

Date of Birth _____

Place of Birth City _____ State _____

Father's Full Name _____

Father's Religion _____

Mother's Full Name _____

Mother's Maiden Name _____

Mother's Religion _____

Godfather _____ Parishioner at SSFC? Y or N

Godfather's Religion _____

Proxy for Godfather* _____

Godmother _____ Parishioner at SSFC? Y or N

Godmother's Religion _____

Proxy for Godmother* _____

Date of Baptism _____ Time _____

Minister of the Baptism _____

Parent's Address _____

Parent's Phone Number _____

Parent's Email Address _____

Location & Date of Baptismal Preparation Class _____

Additional Information _____

**If applicable*

Revised June 2014

<p><i>Please return Baptism Registration Form to the Parish Office <u>two weeks prior</u> to scheduled baptism.</i></p> <p>Saints Francis and Clare Church 5901 Olive Branch Road, Greenwood, IN 46143</p>	<p><i>Office Use Only:</i></p> <p>Parishioner _____ Prep Class _____ Scheduled _____ Letters of Good Standing: Parents _____ Godparent _____ Officiate Notified _____ Arts & Environment Notified _____ Certificates Made: Participant _____ Godparents _____ PDS _____ Sacramental Volume # _____ Page# _____ Entry# _____</p>
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