

St. Brigid Catholic Church
BAPTISMAL REGISTRATION

This information must match the birth certificate exactly*:

Child's Name: _____ *

First Middle Last

Father's Name: _____ *

First Middle Last

Mother's Name: _____ *

First Middle Last (Maiden)

Address: _____

Street City State Zip

Phone: () _____ () _____

Hers His

Date of Birth: _____ *

Month Day Year

Place: _____ *

City State

Godfather: _____

First Middle Last

Godmother: _____

First Middle Last

Please do not write below this line. _____ Date Rec'd: _____ (For Office Use Only)

Date of Baptism: _____

Month Day Year Time

Baptism Performed By: _____
Priest/Deacon

Registered Parishioners: Yes / No (circle one) Classes taken? _____

All letters turned in? _____

SCH__ CO__ PC__ CE__ CU__ CA__ RG__

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DONE: Y ___ N ___ DATE: _____ BY: _____ (priest/deacon)
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