RECORD OF BAPTISM OF A CHILD ST. JOHN THE EVANGELIST CATHOLIC CHURCH AND

THE CHURCH OF THE TRANSFIGURATION OF OUR LORD MISSION

Date and Time Requested for Baptism//_	Church
Name of Child to Be Baptized	Gender M F
Date of Birth/ Place of Birth	
Father's Name	Denomination
Address	
City State Zip	Phone #
Mother's Name(Maiden)	Denomination
Address	
City State Zip	
If mother and father are married: Date of Marriage/ Place of M	Iarriage
If applicable, Church of Marriage	
longer involved with each other, etc.).	cumstances of their relationship at present (eg. cohabitating, no
	s is not Catholic, does the non-Catholic parent agree to the
years of age and fully initiated, that is he/she must ha	olic. If there are two Godparents, there must be one male and
Godparent's Name	Denomination – <u>Catholic</u>
Godparent's Name	Denomination – <u>Catholic</u>
Christian Witness	Denomination
Was the child privately baptized (emergency)? You Have you registered in the parish? Yes No	es No o Envelope #
FOR OFFICE USE ONLY: Pre-Baptism Program attended: Date//	

Sacrament administered by	
Parish\Forms\record.of.baptism\1 July 2015	