

ST. JOHN MARY VIANNEY

INFANT BAPTISM REGISTRATION FORM 2024-25

_____ Registered in parish? YES NO
Family Name _____ Cell phone _____

_____ E-mail Address (please print)

_____ Mailing Address: _____ City: _____ St. _____ Zip _____

_____ Full Name of Child to be Baptized: _____
(Last, First and Middle)

We will also need a photocopy of your child's State issued Birth Certificate

_____ Date of Child's Birth _____
Place of Birth (City, State)

_____ Father's Name (Last, First, Middle) _____ Father's religion _____

_____ Mother's Maiden Name (Last, First, Middle) _____ Mother's religion _____

_____ Church where parents were married

_____ City, State where marriage took place

_____ Name of person providing the above information _____ date given _____

Please check the ethnicity of the child being baptized:

- African American/Black/African (including Ethiopian and Eritran)
- American Indian/Native American/Alaskan Native
- Asian (Japanese, Chinese)
- Caucasian/White
- East Indian
- Filipino
- Hispanic/Latino
- Korean
- Pacific Islander (Samoan, Guanainian)
- Southeast Asian (Vietnamese, Hmong, Lao, Thai, etc.)
- Multi-racial
- Both Parents of Unknown race/ethnicity

Age of child at time of Baptism:

Baptism prep date _____

Where? _____

Baptized by _____

Date of Baptism _____

Complete back of form as well!

Sponsor #1- God Parent

Name (Last, First and Middle)

Address: Street _____

City: _____ St. _____ Zip: _____

Godparent's home parish _____

Religion of Godparent _____

Location of parish (City) _____ (State) _____

Sponsor #2- God Parent or Christian Witness

Name (Last, First and Middle)

Address: Street _____

City: _____ St. _____ Zip: _____

Godparent's home church (Name) _____

Religion of Godparent/Christian Witness: _____

Siblings of Child being Baptized:

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____

Last, First, Middle: _____ DOB: _____