

Parish Family of St. Robert Bellarmine
Baptism Registration

Date of Baptism: _____

Name of Child: _____

Date of Birth: _____

Child's place of birth (City & State): _____

Father's Name: _____

Mother's First & Maiden Name: _____

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

Name of Proxy (if applicable): _____

How long have you been registered at St. Robert's? _____

Father's Religion: _____ Mother's Religion: _____

Were parents married by a Catholic Priest? _____

Was the child privately baptized? _____

Was the child adopted? _____

Residence: _____

Telephone Number: _____

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Office Use Only

Date Information Supplied: _____

Baptismal Prep. Session Attended: _____

Donation: _____ Eligibility Forms: _____

Additional Information: _____

Name of Minister: _____

Recorded: _____ Certificate Issued: _____ Bulletin: _____

Donation: _____ Entered into Logos: _____