Church of Saint Ann
Baptismal Registration Form

Date of Baptism - St. Michael

Initial Information

Family Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Date of Baptism - St. Ann
Group Ceremony Sunday 2 p.m.

Date of Baptism - St. Ann
Mass (circle one) *9:30 a.m. | 11 a.m. | 12:30 p.m.*

Are you a registered member of Saint Ann Parish? Yes No

Data for the Baptismal Register *(Official Sacrament Record)*

Full Name of child to be baptized: _____ Male/Female

Child's date of birth: _____

City/State of birth: _____

Father's Name: _____ Religion: _____

Mother's First Name: _____ Religion: _____

Mother's Maiden Name: _____

Godfather's Name: _____ Catholic_____ Non-Catholic_____

Godmother's Name: _____ Catholic_____ Non-Catholic_____

Will either godparent be represented by proxy? Yes_____ No_____

Was this child privately baptized? Yes_____ No_____

Parent's Marriage Information

Are the parents married? Yes_____ No_____

Were the parents married in the Catholic Church by a priest or deacon? Yes_____ No_____

Where were the parents married? Place_____

City and State_____

Miscellaneous

Names and Ages of other children? _____

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