ST. FRANCES XAVIER CABRINI
CATHOLIC CHURCH

Baptism Registration Form

Office Use Only: Baptism Checklist
- ○ Baptism Registration Form
- ○ Sponsorship Eligibility Form(s)
- ○ Birth Certificate

Information about Child: as it appears in birth certificate

Today's Date: _____

Name of Child:_____Male/Female

Date of Birth:_____Place of Birth: (City, State)_____

Parents Information:

Father's Name: _____ Initials

Mother's Name:_____(**Maiden Last Name**) Initials

Address: _____ City/State: _____

Zip Code: _____ Phone Number:_____Email:_____

Are you registered at St. Frances Xavier Cabrini? Yes __ No __ Parish Envelope # _____

Complete this section only if one of the following apply: Check one

Class Only ○	Non-Parishioners requesting Baptism in our Parish ○	Parishioners Requesting Baptism in another Church ○

Name of Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parish Priest: _____

Do you have/need a letter of permission from your pastor? Yes / No

Do you have/need a letter stating you completed baptismal preparation sessions? Yes / No

Godfather's Name: _____Prep Class Date: _____

Is godfather registered at St. Frances Xavier Cabrini? Yes __ No __ Parish Envelope # _____ If not, name and location of Parish where registered: _____

Godmother's Name: _____ Prep Class Date: _____

Is godmother registered at St. Frances Xavier Cabrini? Yes __ No __ Parish Envelope # _____ If not, name and location of Parish where registered: _____

(Please complete and submit the Sponsor Eligibility Form for each godparent.)

At least one Godparent is required.

Office Use Only:

Parents Baptismal Preparation Class Date: _____

Godparents Baptismal Preparation Class Date: _____

Date of Baptism: _____ ***Time:*** _____ ***Priest:*** _____