DATA FOR BAPTISM REGISTRATION

Today's date: Name of Child:			
(include his/her midd	lle name) M F		
Address			
	Zip Code		
Home Phone :	Father's Cell Phone:		Mother's Cell Phone:
E-mail			
Date of birth	Place of birth (city & state)		
Parent Information:			
Father's name		_	
Religion of Father		Married	Not Married
Did father of child ma	ke his first Communion? Yes/No Was i	father of child C	Confirmed ROMAN Catholic? Yes/No
Do you attend Mass	weekly? Yes/No		
Mother's First Name	and Maiden Name		
Religion of Mother_		Married	Not Married
Did mother of child m	ake her first Communion? Yes/No Was m	other of child C	Confirmed ROMAN Catholic? Yes/No
Do you attend Mass	weekly? Yes/No		
Were the parents ma	rried by a ROMAN Catholic priest or Deacon	? Yes/No	
Are the parents regis	tered parishioners of St. Fabian? Yes/No		
If not, what is the par	ish of registration?		
Is this the first child to	be baptized at St. Fabian? Yes/No		
If not, list other childre	en baptized here		
Godparent Informati	on:		
	olic and have received the sacrament of C		nt of Confirmation. At least one Godparent Non- Catholic witnesses must be baptized and
Godfather's name			ROMAN Catholic? Yes/No
	his First Communion? Yes/No Was Godfat		
If not Catholic, is he a	a baptized Christian and practicing the faith?	Yes/No	
Godmother's name _			ROMAN Catholic Yes/No
Did Godmother make	her First Communion? Yes/No Was Godn	nother confirme	ed ROMAN Catholic? Yes/No
If not Catholic, is she	a baptized Christian and practicing the faith?	Yes/No	

This is NOT a Baptismal certificate.