

BAPTISM REGISTRATION

DATE OF BAPTISM:

_____/_____/_____

Child's Name: _____

Date of Birth: ____/____/____ City of Birth: _____

Address: _____

City / State / Zip: _____

Telephone Number: _____ Other: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Godfather's Name: _____

Religion: _____

Telephone Number: _____ Other: _____

Godmother's Name: _____

Religion: _____

Telephone Number: _____ Other: _____

FOR OFFICE USE ONLY:

Date of Donation: ____/____/____ Certificate Created: _____

Donation Total: \$ _____ Certificate Mailed: ____/____/____

Rec'vd By: _____ Ent'rd By: _____



ST. MARY^{OF THE}
ANGELS
CATHOLIC CHURCH