ST. VINCENT de PAUL BAPTISMAL REGISTRATION FORM

Rev. 8/12/2025

CHILD'S FORMAL NAME: _____
First *Middle* *Last*

BIRTH DATE OF CHILD: _____ **SEX:** Male ____ Female ____

CITY/STATE OF BIRTH: _____

FATHER'S FORMAL NAME: _____

FATHER'S RELIGION: _____

MOTHER'S FORMAL NAME: _____

MOTHER'S RELIGION: _____ **MOTHER'S MAIDEN NAME:** _____

PARENT'S ADDRESS: _____

CITY: _____ **ZIP:** _____

CONTACT INFORMATION:
Mother's Cell #: _____ Father's Cell #: _____

Mother's Email: _____ Father's Email: _____

Is this your first baptism at St. Vincent de Paul Parish: Yes____No ____ Requested Baptism Date:_____

GODPARENT/CHRISTIAN WITNESS:
Godparent Requirements: Only one active Catholic Godparent is needed. If choosing two Godparents, one must be male and one female. Godparent must have received the Sacraments of Holy Communion, Reconciliation and Confirmation and if married or remarried, married in the Catholic Church. They must be at least 16 years of age. Please state formal name to be used on baptismal certificate.
Christian Witness: A person baptized in a Christian faith (other than Catholic) and is actively practicing that Christian faith.

Choose ONE option:

Option 1 (Two Godparents):
Name of Catholic Godfather:_____

Name of Catholic Godmother:_____

Option 2 (One Godparent):
Name of Catholic Godparent:_____ Male ☐ Female ☐

Option 3 (One Godparent and One Christian Witness - only one male and one female):

Name of Catholic Godparent:_____ Male ☐ Female ☐

Name of Christian Witness:_____ Male ☐ Female ☐

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DATE OF BAPTISM: _____ **TIME SCHEDULED:** _____ **PLACE OF BAPTISM:** _____

AR:_____LH:_____Deacon:_____Visiting Clergy: _____

Bulletin:_____Book:_____Certificate:_____Computer: _____Parish Registration: _____

BELONGING CLASS:
Date Attended:_____Facilitator(s):_____