

CATHOLIC CHURCH OF ST. STEPHEN, MARTYR

Please print clearly so that information can be accurately recorded on the Baptismal certificate and in the Sacramental Register.

CHILD Full name of child _____
(First) (Middle) (Last)

Date of Birth: _____ Child is (____ Male) (____ Female)
(Month) (Day) (Year)

Place (city & state or country) of birth _____

Is child adopted? _____ Has child been privately baptized? _____

PARENTS Are you registered members of St. Stephen, Martyr parish? _____

Father's full name _____
(First) (Middle) (Last)

Religion _____

Mother's full name _____
(First) (Middle) (Last)

Maiden Name _____

Religion _____

Current Address _____

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Work (____) _____ - _____

Have parents been married by a Catholic priest? _____

GODPARENTS

Please note that at least one godparent must be a practicing Catholic. Also, if the practicing Catholic is not a member of St. Stephen, Martyr parish, a letter from their parish is required.

Godfather's name _____
(First) (Middle) (Last)

Catholic? _____ Name & city of parish _____

Godmother's name _____
(First) (Middle) (Last)

Catholic? _____ Name & city of parish _____

Will either Godparent be represented by Proxy? _____

Name(s) of Proxy(s) _____

Is there any additional information you think we should know? _____

Names of other children in the family: _____