

Date: _____

BAPTISMAL REGISTRATION

NAME OF CHILD _____

RESIDENCE _____

CITY & STATE _____ ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ Female / Male

PLACE OF BIRTH _____

FATHER'S NAME _____

FATHER'S RELIGION _____

MOTHER'S FIRST & MAIDEN NAME _____

MOTHER'S RELIGION _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? YES NO

GOD-FATHER'S NAME _____

IS GOD-FATHER CATHOLIC? YES NO

GOD-MOTHER'S NAME _____

IS GOD-MOTHER CATHOLIC? YES NO

FOR OFFICE USE ONLY:

DATE OF BAPTISMAL CLASS ATTENDED _____

PRIEST / DEACON SIGNATURE _____ Instructor's Initials

DATE OF BAPTISMAL _____

WAS CHILD PRIVATELY BAPTIZED? YES NO

MEMORANDUM:

St. Mary of the Purification Catholic Church
3006 Rosedale
Houston, TX 77004
713-528-0571 / Fax 713-528-0572

MANDATORY: Please attach a copy of the birth certificate.