

REGISTRATION FOR THE SACRAMENT OF BAPTISM

PLEASE PRINT ON THIS FORM

NAME OF PARISH & DATE YOU ATTENDED BAPTISM CLASS: _____

CHILD'S FULL NAME: _____ **Male** ___ **Female** ___
LAST *FIRST* *MIDDLE*

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____ RELIGION: _____
LAST *FIRST*

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

PARENTS ADDRESS: _____

EMAIL: _____ PHONE: _____

NAME/S OF GODPARENT/S (1) _____ *Catholic* _____
(2) _____ *Catholic* ___ *other Christian* _____

NAME/S OF PROXY _____

ARE YOU REGISTERED IN THE PARISH? ___ YES ___ NO

WERE YOU MARRIED IN THE CATHOLIC CHURCH? ___ YES ___ NO

DATE OF BAPTISM _____ *During or After 5pm Mass; During or After 8:30am Mass; During or After 11am Mass*

RESERVED PEW during Mass? ___ YES ___ NO Help to take up the Gifts during Mass? ___ YES ___ NO

NAME OF PRIEST OR DEACON: _____

Office Use Only

Certificate: _____ Baptismal Book ordered: _____

Entered in:

Baptismal Record by: _____ Date: _____ Parish Data System by: _____ Date: _____

Data Base & Bulletin by: _____ Date: _____ Rock Postcard Sent by: _____ Date: _____

Queen of Peace Catholic Church
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