

Baptismal Register

Baptismal Date: _____

Child's First Name _____ Middle _____ Last _____

Date of Birth: _____

City of Birth: _____

Father _____

His Religion: _____

Mother _____
First _____ Middle _____ Last - Maiden _____

Her Religion: _____

Address _____

Phone _____

Are parents registered at St. Veronica's? Y / N

If not, would you like to register? Y / N

Godfather: _____

His Religion: _____

Godmother: _____

Her Religion: _____

Priest / Deacon: _____

Notes: _____

FOR OFFICE USE ONLY : Brochure sent _____

Prep Class _____ Did both parents & godparents attend? Y / N

Certificate Sent _____

____ Donation of \$100 Date received _____ cash / check