

Office Use Only

Date of Baptism _____
Celebrant _____

**BAPTISMAL REGISTER ---PLEASE PRINT VERY CLEARLY
INFORMATION WILL BE USED FOR SACRAMENTAL RECORD AND CERTIFICATE**

Date Requested for Baptism _____ Celebrant _____

NAME OF CHILD _____
First Middle Last

Date of Birth _____ Sex (M) _____ (F) _____
Month Day Year

City, State & Country of Birth _____

FATHER'S NAME _____
First Middle Last

Father's Religion _____

MOTHER'S NAME _____
First Middle Maiden Last

Mother's Religion _____

Address _____
Street City State Zip

Telephone (Home/Work/Cell) _____ (Home/Work/Cell) _____

Registered In Parish? Yes___ No___ Was the child privately baptized? Yes___ No___

Were the parents married by a Catholic priest? Yes___ No___

Godfather's Name _____

Godfather's Religion/Parish Name, City & State _____

Godmother's Name _____

Godmother's Religion/Parish Name, City & State _____
(Note only one Godparent is required)

St. Stephen Martyr Catholic Church
2436 Pennsylvania Avenue, NW, Washington, DC 20037—202-785-0982
Please return the completed form to the rectory at least two weeks prior to the Baptism