

**SAINT JULIAN EYMARD CATHOLIC CHURCH
FORM FOR BAPTISM REGISTER
(Please Print)**

CHILD'S NAME: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF BAPTISM _____

DATE OF BAPTISMAL PREPARATION CLASS: _____

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PARENT'S INFORMATION:

FATHERS
NAME: _____
RELIGION OF FATHER: _____

MOTHER'S MAIDEN NAME: _____
(FIRST NAME) (MAIDEN NAME)

RELIGION OF MOTHER: _____

CHURCH OF PARENT'S MARRIAGE: _____

ADDRESS: _____

PHONE NUMBER _____ EMAIL _____

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GODPARENT INFORMATION:

GODFATHER'S
NAME: _____ RELIGION _____

GODMOTHER'S
NAME: _____ RELIGION _____