

# St. Patrick Catholic Church

500 NE 16<sup>th</sup> Avenue, Gainesville, FL 32601 Office: 352-372-4641 Fax: 352-376-0575

## Baptismal Registration Form

\*\* (Must be a registered and active member of the Parish)\*\*

*Baptisms can be scheduled for Sunday during the 11:00am Mass or at 12:15, after the 11:00am Mass.  
You are highly encouraged to attend the Mass prior to your child's Baptism.  
Please ask your family and friends to be on time for your child's Baptism.*

<i>(PLEASE PRINT)</i>		Today's Date:	
Name of Child:			
Child's Date of Birth:			
Child's Place of Birth:			
Date Attended Baptism Preparation Class:			
Father's Name:	First	Last	Religion:
Mother's Name:	First	Last	Maiden
Religion:			
Address:			
	City	State	Zip
Telephone Number:	Home	Cell	
Email Address:			
Are parents married? Yes      No		Are parents married in the Catholic Church? Yes      No	
Name and City of the Church:			
Were the father or mother married more than once?		Yes	No
Name of Godfather:			
Is Godfather a Baptized and Practicing Catholic?		Yes	No
Name of Godmother:			
Is Godmother a Baptized and Practicing Catholic?		Yes	No
Is either Godparent represented by Proxy?		Yes	No
Name of Proxy:	Godfather:		
	Godmother:		
Was child baptized in an emergency?		Yes	No
<i>Office Use Only:</i> Priest/Deacon Presiding at Baptism			
Date of Baptism			

**Signature of the Parent: I hereby state the above information to be correct and that both natural parents of this Child has no objection to the Baptism. I also state that I will take responsibility for bringing my child up as a practicing and worshipping Catholic.**

\_\_\_\_\_  
(Must be signed by one natural parent or if adopted-by the legal custodial parent)