



St. Patrick Parish

406 Walnut Street • Yorkville, Illinois 60560
Phone: (630) 553-6671 • Fax: (630) 553-2695
www.StPatrickYorkville.org • Email: info@StPatrickYorkville.org

Faith Formation Program - Baptism Registry – (up to 6 years old)

Complete Name of child (Boy) (Girl) _____

Complete Address _____

Telephone _____

E-mail: _____

Date of birth _____

City of birth _____

Date of baptism (list 1st & 2nd choice)--- _____

Father's full name _____

Father's religion _____ Baptized? _____ Confirmed? _____

Mother's full name (maiden) _____

Mother's religion _____ Baptized? _____ Confirmed? _____

Godfather's name _____

Godfather's religion _____

Godmother's name _____

Godmother's religion _____

Will either godparent be represented by a proxy? YES___ NO___

Name of proxy _____

If either parent is not Catholic, would you like to receive information on becoming a Catholic Christian?

YES___ NO___

Are you married? YES___ NO___ In the Catholic Church? YES___ NO___

Parish Use Only

Class Attendance Recorded _____

Godfather Permission Received _____

Godmother Permission Received _____

Stipend Received _____ (\$ _____)

Certificates Prepared & Mailed _____

Baptism Recorded in Register _____

Record Dates Above & Staple Certificates to this form

Baptism Performed by: Father Matt Deacon Doug Deacon Dals
(Please Circle)

Guest Priest/Deacon _____