



St. Patrick Parish

406 Walnut Street • Yorkville, Illinois 60560
Phone: (630) 553-6671
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 _____

OFFICE USE ONLY

Class Attendance Recorded _____

Godfather Permission Received _____

Godmother Permission Received _____

Certificates Prepared & Mailed _____

Baptism Recorded in Register- VOL. _____ PAGE _____ LINE _____

Record Dates Above & Staple Certificates to this form

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

Deacon Dale Deacon Bill Deacon Vic

Guest Priest/Deacon _____

