

Saint Patrick Catholic Church

406 Walnut Street
Yorkville, Illinois 60560
630.553.6671

FAITH FORMATION PROGRAM - BAPTISM REGISTRY – (UP TO 6 YEARS OLD)

Complete Name of Child: _____ Gender: _____

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? _____

Are you married? _____ In the Catholic Church? _____

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

Godfather's Name: _____

Godfather's Religion: _____

Godmother's Name: _____

Godmother's Religion: _____

Will either godparent be represented by a proxy? _____

Name of proxy: _____

OFFICE USE ONLY

Record Dates Below & Staple Certificates to this form

Class Attendance Recorded _____ PDS _____

Godfather Permission Received _____ 1st Birthday list _____

Godmother Permission Received _____

Certificates Prepared & Mailed _____

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

Baptism Performed by (Please Circle): Father Matt Father Jim Deacon Dale Deacon Vic

Guest Priest/Deacon: _____