



St. Patrick Parish

406 Walnut Street, Yorkville, IL 60560 | (630) 553-6671

FAITH FORMATION PROGRAM - BAPTISM REGISTRY

Complete Name of Child: _____ Gender: _____

Complete Address: _____

Primary Phone: _____ Primary 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: _____