

For office use only:

Date Scheduled: _____

Today's Date _____

CONFIDENTIAL
St. Cecilia Parish
Baptism Registration – Sacramental Records

Name of Child (1) _____
First Middle Last Date of Birth

Name of Child (2) _____
First Middle Last Date of Birth

Name of Father: _____ / _____
First Middle Last / Religious Affiliation

Mother's Maiden Name: _____ / _____
First Middle Maiden / Religious Affiliation

Name of Siblings/Ages 1. _____ 2. _____ 3. _____

Parents' Church of Marriage: _____
Name City, State

Registered at St. Cecilia Parish: Yes No Permission From Home Parish Needed? Yes No

Home Address _____

Best Phone/Email for communication with parents:

Mother's Phone _____ Email Address _____ Primary Contact

Father's Phone _____ Email Address _____

Godparents: 1. _____ Registered at St. Cecilia Parish? Yes No

2. _____ Registered at St. Cecilia Parish? Yes No

Christian Witness OR Proxy (If Applicable): _____

Date of St. Cecilia Baptism Class you wish to attend: _____

(Classes are offered the 2nd Saturday of every month at 10:00am in the St. Monica Room, taught by Fr. Mark. This form MUST be completed and returned to the Parish Office no later than 1 week before the class you wish to attend.)

Have you had a Baptismal interview with Pastor/St. Cecilia? Yes No

Is this your first child to be baptized in the Roman Catholic Faith? Yes No

If not, how many children have been baptized? _____

Have you gone through baptism preparation before? Yes No

If yes, location and when? _____

Please describe any special circumstances that might be relevant for your child's baptism:

We would like more information regarding:

- Getting our marriage recognized or convalidated within the Catholic Church.
- Becoming Catholic _____
- Adult Confirmation for _____
- PREP (children's religious education) _____
- Other _____

Questions? Stacy Dixon
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