

REGISTRATION FORM FOR BAPTISM

St. Anthony of Padua Church

Grand Rapids, Michigan

FAMILY NAME _____

ADDRESS _____

TELEPHONE _____

NAME OF CHILD _____
(First) (Middle) (Last)

DATE OF BIRTH _____

PLACE OF BIRTH _____

FATHER'S NAME _____
(First) (Last)

RELIGION OF FATHER _____

MOTHER'S **MAIDEN** NAME _____
(First) (Last)

RELIGION OF MOTHER _____

GODFATHER _____

RELIGION OF GODFATHER _____

GODMOTHER _____

RELIGION OF GODMOTHER _____

DATE OF BAPTISM _____

DATE OF BAPTISM CLASS _____
(If this is your first child or if you have not taken a baptism class)

PRESIDER _____

COMMENTS _____