

Baptismal Registration



ST. FRANCIS XAVIER
MISSOULA'S JESUIT PARISH

Today's Date _____

Child's Full Name: _____
First Middle Last

Date of Birth: _____ Male _____ Female _____

Place of Birth: _____
Street City/state Zip Code

Was the child Adopted? ____ Was the child previously baptized in another religion other than Catholic? ____

Preferred Date of Baptism: _____

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## Parent Information

Father's Full Name: \_\_\_\_\_  
*First Middle Last*

Mother's Full Name: \_\_\_\_\_  
*First Middle (please include Maiden Name) Last*

Family Mailing Address: \_\_\_\_\_  
*Street City/state Zip Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you registered? \_\_\_\_\_

Siblings of child? \_\_\_\_\_

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Godparent #1 _____

Are they a practicing Catholic? _____ Where? _____

Godparent #2 _____

Are they a practicing Catholic? _____ Where? _____

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Baptism Preparation Class (when/where attended?) \_\_\_\_\_