REGISTRATION FOR BAPTISM

Name of Child:_____
First Middle Last

Date of Birth: _____ **Hospital /City/State of Birth:**_____

Father: _____ Catholic? _____
First Middle Last Attend Mass? _____

Mother: _____ Catholic? _____
(Maiden name) First Middle Last Attend Mass? _____

Address: _____

_____

Phone: _____

Godfather: _____ Catholic? _____
First Middle Last

Godmother: _____ Catholic? _____
First Middle Last

Desired Date of Baptism: _____
(1st Sunday of each month)

Reminder: **AS SOON AS THE PARISH OFFICE HAS RECEIVED THE SPONSOR FORM(S) FROM THE GODPARENT(S), PARENTS WILL BE CONTACTED TO CONFIRM THE CHOSEN DATE. UNTIL YOU HAVE RECEIVED THAT CONFIRMATION CALL, THE BAPTISM HAS NOT BEEN SCHEDULED.**

Please return this form to St. Leo the Great Parish Office at your earliest convenience. Questions? Call 394-1742.

For Office Use only

Scheduled date of Baptism confirmed on _____.