INTERNAL USE ONLY Child's Name: Register page and line: Notes: Baptism Information (Please Print) Child's First Name I Male I Female Date of Birth	Middle	INTERNAL USE BY PRIEST/DEACON Date of Baptism: Presider: Enrolled in Pre-Baptism Class Date: Exempt from course: nust match birth certificate LastName
City of Birth	State of Birth	
Parent's Information		
Father's Name Sacraments received: Baptized Catholic D	Middle First Communion 🛙 Conf	Last Name firmation I Not Catholic I
Mother's Name Sacraments received: Baptized Catholic	Middle First Communion D Confi	Maiden Name rmation D Not Catholic D
Married in the Catholic Church? Yes II No II		
Street Address	City	State Zip
Home Phone	Cell Phone	Email Address
Parish Affiliation I am a member of St. Timothy Catholic Church: Yes Envelope # No Godparent Information		
Godfather's First Name	Last Name	
Godmother's First Name	Last Name	
I affirm that all the information provided above is true. I am requesting the sacrament of Baptism for my child through St. Timothy Catholic Church. It is my intent to raise my child as a Roman Catholic.		
Parent Signature	Date	