

# Baptismal Registration for St. Mary's Basilica

Date submitted: \_\_\_\_\_

Please write clearly and complete the form or baptism could be delayed.

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell No: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parents' Information:

Father's Name: \_\_\_\_\_

Religion of Father: \_\_\_\_\_

Sacraments Received if Catholic: Baptism: \_\_\_\_\_ 1<sup>st</sup> Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Mother's Name (Maiden Name) \_\_\_\_\_

Religion of Mother: \_\_\_\_\_

Sacraments Received if Catholic: Baptism: \_\_\_\_\_ 1<sup>st</sup> Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Marriage Information: Date: \_\_\_\_\_

Church Wedding? (Catholic): \_\_\_\_\_

Church's Name & Address: \_\_\_\_\_

Civil Marriage: \_\_\_\_\_ Unmarried: \_\_\_\_\_

Registered at St. Mary's Basilica: \_\_\_\_\_

If Not What Parish - Church's Name & Address: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_

Catholic: Yes No Christian Witness: Yes No

Parish: \_\_\_\_\_

Godfather's Name: \_\_\_\_\_

Catholic: Yes No Christian Witness: Yes No

Parish: \_\_\_\_\_

Proxy for Baptism if Any: \_\_\_\_\_

Please read and follow the Policies and Procedures as stated on the web site.

Any additional information please write if necessary on back of form.

My contact information listed below:

Phone number for Fr. Edward Sarrazin, O.F.M. 602-354-2062

E-mail: [esarrazin@smbphx.org](mailto:esarrazin@smbphx.org)