

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: _____ 1st Communion: _____

Confirmation: _____

Mother's Name (Maiden Name) _____

Religion of Mother: _____

Sacraments Received if Catholic: Baptism: _____ 1st 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: _____

Godmother's email: _____

Godfather's Name: _____

Catholic: Yes No Christian Witness: Yes No

Parish: _____

Godfather's email: _____

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