



St. Mary's Basilica Baptismal Registration Form

*Information on this form is held in confidence and is
not shared without your permission.*

Please print all information clearly

Child's Full Name: _____
First, Middle, Last

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Sacraments received if Catholic: Baptism ___ Communion ___ Confirmation ___

Mother's Name: _____ Religion: _____
Including Maiden last Name

Sacraments received if Catholic: Baptism ___ Communion ___ Confirmation ___

Marriage Date: _____ Catholic Wedding ___ Church ___ Civil ___ Unmarried ___

Church Name & Address: _____

I. CONTACT INFORMATION

Full Mailing Address: _____

Phone: _____ Text? ___ Email: _____

Registered Parishioner?: ___ If not, Church Name & Address: _____

II. Godparent Information

Godfather's Name: _____

Sacraments received: Baptism ___ Communion ___ Confirmation ___ *Please have priest send letter of good standing*

Parish Name & Address: _____

Godmother's Name: _____

Sacraments received: Baptism ___ Communion ___ Confirmation ___ *Please have priest send letter of good standing*

Parish Name & Address: _____

Proxy for Baptism if Any: _____