Infant Baptism Registration

Child

Name of Child:				
	First	Middle	Last	
Date of Birth:				
	Month	Day	Year	
Born in: (City & Stat	te)	Circle	e one: M F	
<u>Parents</u>				
Father's name:		Religion:	Religion:	
Mother's name:		Religion:		
Family address:	Street	/		
	Street	City/Sta	te/Zip	
Phone:	E-mail:			
Were you married b	y a Catholic priest or deaco	n? Yes () No ()	
Is your family regist	ered in our parish? Yes	() No	()	
If you are not r	egistered in the parish, you will nee	ed to complete a parish	registration form.	
<u>Godparents</u>				
Godfather's name:		Religion: _	Religion:	
Godmother's name:		Religion:	Religion:	

Godparents will need to acquire a signed Sponsor Certificate from the Catholic parish where they regularly attend weekend Mass. Please refer to the Baptism information sheet attached with this registration form.

Please return this completed form to the parish office. Baptism cannot be scheduled until all paperwork is completed.

Parish office: 14 Park Street, North Attleborough, MA 02760 Email: stmaryna@noozi.com