Church of St. Peter Child Baptism Registration

Family Information

Mother's Name: _____ Religion: _____
First Maiden Last

Father's Name: _____ Religion: _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Date & place of marriage: _____

If unmarried, does the father request name on Baptismal Certificate? _____Yes _____No

Names and ages of other children: _____

Registered in the parish? _____Yes _____No Years of Registration: _____

God Parent Information

Intended Godparents:
Guidelines for choosing Godparent(s): One Godparent is required; however, if more than one Godparent is selected, one must be male and the other female. At least one Godparent needs to be baptized *and* confirmed Catholic.

Name _____ Name _____
Age _____ Age _____
Religion _____ Religion _____
Confirmed _____ Confirmed _____

Baptismal Preparation

Have you attended a previous Baptism program? _____Yes _____No

Attendance at Church of St. Peter classes—dates and who attended: _____

If elsewhere, where and when? _____

Child Information

Child's Name: (first, middle, last) _____

Due date, or date of birth: _____ _____Female _____Male

Place of birth (city, state, facility): _____

Requested date and time for Baptism: _____

Due to scheduling constraints, please confirm with Deacon Bob Bisciglia before making final plans for Baptism.

Please complete this form and e-mail it to: bbisciglia@churchofstpeternsp.org, or fax it to 651-777-0497 Attn: Deacon Bob Bisciglia.