

DATA OF BAPTISM

Please Print - Use Full Names
Answer Each Question As Completely As Possible

Name of Child _____ Male _____ Female _____

Date of Birth _____ City & State of Birth _____

Father's Full Name _____ Religion _____

(First) (Middle) (Last)

Mother's Full Name _____ Religion _____

(First) (Middle) (Maiden Name)

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile Phone _____

Email _____

Married by _____ Church _____ Date _____

Godfather _____ Religion _____

Godmother _____ Religion _____

Baptism performed by _____ Date _____ Baptism by Immersion _____ Pouring of Water _____

If Baptism is during Mass, how many pews would you like reserved for family and guests? _____

If your family would like to bring up the gifts during Mass please contact Arleen Christopherson at 810-653-1766

Name of Church you are now registered in _____

(Church) (City) (State)

If you are not registered at St. John, do you wish to be registered? YES NO

Is this your first child? (Circle one) YES NO

If no, please list names of your other children

PLEASE RETURN THIS FORM TO ST. JOHN PARISH OFFICE, 404 BUILDING
TWO WEEKS PRIOR TO BAPTISM DATE
God bless you and your child