

St. Rita Catholic Church Baptismal Registration

Child's Full Name _____ M F

Number & Street _____

City _____ State _____ Zip _____

Home Telephone # _____ Cell Phone # _____ E-Mail: _____

Date of Birth _____ Place of Birth: City _____ State _____

Month/Date/Year

Privately baptised in emergency? Yes No Adopted? Yes No

Father's Full Name _____ Religion: _____

Mother's Full Maiden Name _____ Religion: _____

Are Parents Married? Yes No Married by Catholic Priest or Deacon? Yes No Officially registered at St. Rita? (Filled out registration form): Yes No **If not members of St. Rita Catholic Church, a letter from your Pastor is required.**Letter attached? Yes No Baptismal class date _____

**AT LEAST ONE GODPARENT MUST BE CATHOLIC, CONFIRMED, ATTEND CHURCH REGULARY,
AND BE 16 YEARS OF AGE OR OLDER.**

Name of Godfather _____

(Check if yes) Catholic () Confirmed () 16+ () Registered Parish _____

Name of Godmother _____

(Check if yes) Catholic () Confirmed () 16+ () Registered Parish _____

Is either Godparent represented by Proxy? Yes No

Name of Proxy _____

Classes taught by _____

Signature

Baptism done by: _____

Signature