

BAPTISMAL REGISTRATION

- Please **PRINT** all information clearly
- Please print **EXACTLY** how it should appear in baptismal certificate
- All required paperwork must be received at least two weeks prior to baptism

Child's/Candidate's Information

Name:

Date of birth (M/D/YY):

Place of Birth (City, State):

Current address:

City:

State:

ZIP Code:

Was the child adopted? Y N

Was the child privately baptized? Y N

Parent Information

Father's Name:

Religion:

Mother's Maiden Name:

Religion:

Phone:

E-mail:

Fax:

Are parents married? Y N

If yes, married by priest? Y N

Godparent Information

Godfather:

Religion:

Godmother:

Religion:

Baptismal Classes

Day: 1st Tuesday of each month (English)
or 2nd Tuesday of each month (Spanish)

Time: 6:30pm to 8:30pm

Date of baptismal class:

Number of people attending:

Signatures

Both parents **MUST** sign form.

Signature of father:

Date:

Signature of mother:

Date:

Please complete and mail or fax as soon as possible to:

Baptismal Coordinator • St. Jude Church • 21689 Toledo Rd • Boca Raton, FL 33433

Website: www.stjudeboca.org • Phone: 561-392-8172 • Fax: 561-362-0845

----- OFFICE USE ONLY -----

Interviewed by: _____ Date: _____ Baptism Date: _____

St. Jude Parishioner? Y N ID # _____ Other parish _____ Fee? Y N