
SAINT SUSANNA

CATHOLIC
CHURCH

For office use only

Baptism Register Form

Full Name of Person to
be baptized:

(First)

(Middle)

(Last)

Place of Birth:

(City)

(State)

Date of Birth:

Date of Baptism:

Father's Name:

(First)

(Middle Initial)

(Last)

Father Catholic:

Yes

No

Mother's Name

(First)

(Middle Initial)

(Maiden Name)

(Last)

Mother Catholic:

Yes

No

Godfather's Name:

(First)

(Middle Initial)

(Last)

Godfather Catholic:

Yes

No

Godmother's Name:

(First)

(Middle Initial)

(Last)

Godmother Catholic:

Yes

No

Priest:

Family Address:

Family Phone Number: