

# BAPTISM REGISTER FORM

St. John Church / St. Anthony Mission / P.O. Box 83 / Leopold, MO 63760 / 573.238.3300

**\*Please contact the Pastor to schedule a baptismal date & possible baptismal class.  
Fr. Vincent 573-238-3300 ext. 2 or 573-238-2450**

*Full Name of Child* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_

*City & State of Birth* \_\_\_\_\_

*Date of Baptism* \_\_\_\_\_

*Father's Full Name* \_\_\_\_\_

*Religion of Father* \_\_\_\_\_

*Mother's Full Name (Maiden)* \_\_\_\_\_

*Religion of Mother* \_\_\_\_\_

*Name of Parish/City Currently Registered With* \_\_\_\_\_

*Were Parents Married by a Catholic Priest?*    ☐ YES    ☐ NO

*Godfather's Full Name* \_\_\_\_\_

*Is Godfather a Catholic?*    ☐ YES    ☐ NO

*Godmother's Full Name* \_\_\_\_\_

*Is Godmother a Catholic?*    ☐ YES    ☐ NO

*Is either Godparent represented by Proxy?*    ☐ YES    ☐ NO

*Name of Proxy* \_\_\_\_\_

*Was the child privately baptized?*    ☐ YES    ☐ NO

*Was the child adopted?*    ☐ YES    ☐ NO

*Family Mailing Address* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Name of Priest Performing the  
Sacrament* \_\_\_\_\_