

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**

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 _____

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 _____