

Are you a member of St. Columba Parish? ___ Yes ___ No

Blank for Baptismal Register

Date of Baptism: _____ Saturday ___ Sunday ___

Full Name of Child: _____ Boy/ Girl

Residence: _____

Telephone number: _____

Email: _____

Date of Birth: _____

Name of Hospital: _____

City of Birth: _____

Father's Name (F/MI/L): _____

Religion of Father: _____

Mother's Maiden Name (F/MI/L): _____

Religion of Mother: _____

Are you married? ___ Was a Catholic priest/Deacon present/consulted? ___

Godfather's Name (F/MI/L): _____

(only ONE Godfather permitted)

Religion of Godfather: _____

Godmother's Name: _____

(only ONE Godmother permitted)

Godmother's religion: _____

Is either Godparent represented by a Proxy? _____

Name of Proxy: _____

Was the Child privately baptized? ___ Was the Child adopted? ___

Attended Baptismal Preparation Class: _____

Name of Officiating Priest/Deacon: _____