



## BAPTISM REGISTRATION FORM

BAPTISMS ARE HELD AFTER SUNDAY 10:45 AM MASS.

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Are you a registered member(s) of our parish?  Yes  No
- Have you completed Baptism Preparation at Saint Dennis?  Yes  No
- If no, at what parish did you complete Baptism Preparation? \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_  
(First) (Middle) (Last)

CHILD'S DATE OF BIRTH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

MALE  FEMALE

FATHER'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
(First) (Middle) (Maiden/required for office use)

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

*Child and parent names will be published in the church bulletin, unless otherwise requested.*

### GODPARENTS/SPONSORS:

At least one Godparent/Sponsor must be a confirmed, practicing Catholic. Another Christian may also serve as a witness.

NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

DATE OF BAPTISM (please call 608-246-5124 for availability): \_\_\_\_\_

**Return form to Carol Jacques at [cjacques@stdennisparish.org](mailto:cjacques@stdennisparish.org) or mail to address below.**