

BAPTISM REGISTRATION FORM

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 or mail to the address below.