

St. Viator Catholic Community Baptismal Registration Form

Please complete form fully:				BoyGirl			
				Check On	e		
Child's First Name	Mi	Middle Name			Last Name		
Father's First Name	Mi	Middle Name			Last Name		
Mother's First Name	Mi	Middle Name			Maiden & Married Name		
Address				Phone Number			
City	State & Zip Code			Email Address			
Date of Birth	City/State of Birth as indicated on legal birth certificate						
				YesNo_ Registered at St. Viator?			
First & Last Name of God-	Father	F	irst & Last Na	me of God-Mother			
Name of By-Proxy Individu	uals (Used when	Godparents are	unable to att	end Baptism)			
Signature of Parent Recor	ding Information		ate				
*	•	♦	♦	♦	♦		
	F	or Office Use C	Only:				
Certificate		Date of Baptism		Class Dates			
Signed	Indexed	b	PDS	PDS			

Registered

Mailed

Signed Sealed