

SAINT JOHN CHURCH

1986 Post Road, Darien, Connecticut 06820
(203) 655-1145 | stjhnrectory@gmail.com

Day/ Date of Baptism: _____ Time: _____ Priest Signature: _____

Church Donation: Cash: _____ Check#: _____ Date Entered in Baptism Registry: _____ Initials: _____

BAPTISM REGISTRATION

PARENTS please complete

Child's Legal Name

(Include Middle Name): _____

Date of Birth: _____ Age _____

City/ State of Birth: _____

Father's Legal Name: _____ Religion: _____

Mother's First and Maiden Name: _____ Religion: _____

Residence: _____

Phone Number: _____

Email(s): _____

Were Parents Married by a Catholic Priest? _____

Godfather's Legal Name: _____ Religion: _____

Godmother's Legal Name: _____ Religion: _____

Is either Godparent represented by Proxy? _____

Name of Proxy: _____

Was the child privately baptized? _____

Was the child adopted? _____ Is this your first child baptized? _____

Date of Baptism Class (for first child only) _____ Attended _____