St.	Gregory	r's Bapt	ism Re	gistratio	n Form
-----	---------	----------	--------	-----------	--------

Baptism Date:

New Life in Christ

Celebrant_____

Child's Full Name (Please Print)

ast	ſ	First Mid	idle
Date of Birth	Place of Birth		
		(City and Province Only)	
Address		Dity	Postal Code
Phone Number		•	
Other contact phone numbers i.e.	Cell, wor	k	
This is our child (1st or 2 nd child)	This child is Male or Female (please circle one)		
Father's Full Name			
First	Middle	Last	
Religion			
Church of Baptism (if applicable)_			
	Church	City	
Mother's <u>Full Maiden Name</u>			
First Religion	Middle	Last	
Church of Baptism (if applicable) _			
maron or Baption (in applicable) _	Church	City	
Church of Marriage	Chumah	City	
Godfather			
Religion			
Godmother			
Religion			

Baptism Preparation Date Attended _____