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Holy Spirit Catholic Church

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FORM FOR BAPTISM REGISTRY

FULL NAME OF CHILD: _____

ADDRESS: _____

_____ PHONE: _____

DATE OF BIRTH: _____

CITY & STATE OF BIRTH: _____

FATHER'S NAME: _____

RELIGION OF FATHER: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

RELIGION OF MOTHER: _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? _____

DATE OF BAPTISM: _____, 20__

NAME OF GODFATHER: _____

IS GODFATHER A PRACTICING CATHOLIC? _____

NAME OF GODMOTHER: _____

IS GODMOTHER A PRACTICING CATHOLIC? _____

IS EITHER GODPARENT BEING REPRESENTED BY A PROXY? _____

NAME OF PROXY: _____

WAS THE CHILD PRIVATELY BAPTIZED? _____

WAS THE CHILD ADOPTED? _____

NAME OF PRIEST: _____