

ST. JOHN THE BAPTIST – BRUSLY, LA
BAPTISMAL REGISTRATION FORM

CHILD'S FULL NAME: _____

Male Female Date of Birth (or due date): _____

City & State of Birth: _____

FATHER'S FULL NAME: _____

MOTHER'S MAIDEN & FULL NAME: _____

ADDRESS: _____
(street) (city, state)

PHONE: Mother's Cell # _____

Father's Cell # _____

EMAIL ADDRESS: _____

ARE YOU A REGISTERED PARISHIONER OF ST. JOHN THE BAPTIST CATHOLIC CHURCH? _____

MARITAL STATUS: SINGLE MARRIED DIVORCED

IF SINGLE, WHAT IS THE CHILD'S FAMILY NAME ON BIRTH CERTIFICATE? _____

HAVE YOU ATTENDED A BAPTISMAL SEMINAR BEFORE? _____ If yes, how long ago? _____

REQUESTED DATE OF BAPTISM: _____

GODMOTHER'S FULL NAME: _____

GODFATHER'S FULL NAME: _____

(See Guidelines for requirements of Godparents)

Mail this form to: St John the Baptist Catholic Church, P.O. Box 248, Brusly, LA 70719
or email to lmire@sjbbrusly.com