



SANTIAGO DE COMPOSTELA BAPTISM REGISTRATION

Date: _____

Please PRINT and CHECK boxes

Name of Child	_____	_____	_____
	First Name	Middle Name	Last Name
Place of Birth	_____	_____	_____
	City	State	Country
Date of Birth	_____	_____	_____
	Month	Day	Year
Father's Name	_____	_____	_____
	First Name	Middle Name	Last Name
Mother's Name	_____	_____	_____
	First Name	Middle Name	Last Name
Address	_____	_____	_____
	Number	Street	Apartment #
	_____	_____	_____
	City	State	Zip Code
			Telephone #

Parents

Are: Married by the Catholic Church Married by the Court only
 Single parents Separated Living together

Are parents registered parishioners of Santiago de Compostela Catholic Church?

Yes No

If not, did they get permission from their parish to baptize at Santiago?

Yes No

Godfather's Name

First Name

Middle Name

Last Name

Godmother's Name

First Name

Middle Name

Last Name

Is one of the godparents confirmed and a practicing Catholic?

Yes No

Godparents

Are: Married by the Catholic Church Single

Please do not write below this line—OFFICE USE ONLY

Date of Baptism

By Rev. Deacon _____

Date of Baptism Class

Interview by Father or Deacon

They may NOT baptize their child because:

- Need other godparents
- Reason _____

They MAY baptize their child as long as they bring the following:

- Copy of Birth Certificate of Child
- Copy of Catholic Marriage Certificate of Parents
- Proof that parents belong to SDC
- Copy of Catholic Marriage Certificate of godparents, if married