

# DATA OF BAPTISM

Please Print - Use Full Names  
Answer Each Question As Completely As Possible

Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Middle) (Maiden Name)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Married by \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_

Godfather \_\_\_\_\_ Religion \_\_\_\_\_

Godmother \_\_\_\_\_ Religion \_\_\_\_\_

Baptism performed by \_\_\_\_\_ Date \_\_\_\_\_ Baptism by Immersion \_\_\_\_\_ Pouring of Water \_\_\_\_\_

If Baptism is during Mass, how many pews would you like reserved for family and guests? \_\_\_\_\_  
If your family would like to bring up the gifts during Mass please contact Arleen Christopherson at  
810-653-1766

Name of Church you are now registered in \_\_\_\_\_

(Church)

(City)

(State)

If you are not registered at St. John, do you wish to be registered? YES NO

Is this your first child? (Circle one) YES NO

If no, please list names of your other children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO ST. JOHN PARISH OFFICE, 404 BUILDING  
TWO WEEKS PRIOR TO BAPTISM DATE  
God bless you and your child