



## Baptism Information for Baptism Registry

**Date of Baptism:** \_\_\_\_\_

Baby's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

*Please attach a copy of your child's birth certificate.*

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Parents Information:

Father's Formal name: \_\_\_\_\_

Mother's Formal Name (include Maiden): \_\_\_\_\_

Email address of parent: \_\_\_\_\_

When/where did the parents/godparents take Baptism class? \_\_\_\_\_

### Godparents:

Godfather's Name: \_\_\_\_\_ Religion of Godfather: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Religion of Godmother: \_\_\_\_\_

Will either Godparent be represented by Proxy? \_\_\_\_\_ Name of Proxy \_\_\_\_\_

Priest/Deacon \_\_\_\_\_

Priest/Deacon *(to be signed at Baptism)* \_\_\_\_\_

**Please return to Gail Graham at [ggraham@sta.org](mailto:ggraham@sta.org) or 535 Rucker Road, Alpharetta, GA 30004**

OFFICE USE ONLY

Registered in Parish \_\_\_\_\_

Sacrament Only \_\_\_\_\_

