



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: _____

Cell Phone Number: (Dad) _____ (Mom) _____

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 or 535 Rucker Road, Alpharetta, GA 30004

OFFICE USE ONLY

Registered in Parish _____

Sacrament Only _____

