ST. HILARY PARISH COMMUNITY **PRINT OR TYPE**

PRE-BAPTISM REGISTRATION FORM

Child's Name _____ _____ _____

FIRST MIDDLE LAST

Date of Birth _____M___ F___ Place of Birth_____

city and state

Date of Baptism _____Immersion_____ Pouring _____Method

Father's Name _____ _____ _____

FIRST MIDDLE INITIAL LAST

Father's Religion_____Email_____Cell_____

Mother's Name _____ _____ _____

FIRST MIDDLE INITIAL MAIDEN NAME

Mother's Religion _____Email_____Cell_____

Home Address _____ _____ __ _____

STREET ADDRESS CITY ST ZIP

Home Phone (____)_____Business Phone(___)_____

cell phone_____

Are you a registered parishioner at St. Hilary? Yes ____ No____

Are you involved in your Parish?

_____

Godfather's Name _____ Religion _____

Parish _____

Godmother's Name _____ Religion _____

Parish _____

Attended Baptism Session? Yes ____ No____