

Church of St. Luke

Baptismal Registration Form

(This Registration Form must be completed and in St. Luke's office no later than one week prior to the requested month of the sacrament of Baptism, along with a copy of the child's Birth Certificate)

Child's First name: _____ Middle: _____ Last: _____

Boy ___ Girl ___ Date of Birth: _____ City and State where born: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____
(Maiden Name)

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Work Telephone _____

Registered Members of St. Luke's Yes ___ No ___

Marital Status: Married ___ Single ___

Church of Marriage: _____

City: _____ State: _____

Marriage Officiated by: Priest ___ Minister ___ Justice of the Peace ___

Godparent: _____ Catholic: Yes ___ No ___

Or Proxy: _____ Catholic: Yes ___ No ___

Godparent: _____ Catholic: Yes ___ No ___

Or Proxy: _____ Catholic: Yes ___ No ___

(If one of the "Godparents" is not Catholic, they will not be listed on the official certificate or in the parish register as a "Sponsor".)

Baptismal date of Choice: _____

(Please ask for schedule for Baptism Dates.)

If you have questions or concerns please contact the church office (320) 558-2124

For office use only:

Baptism Date: _____ Celebrant of Baptism _____