Information Needed For Baptismal Record Keeping
(Please PRINT)

Full Legal Name of Child: ________________________________________________________________

Date of Birth: ___________________  City, State of Birth: ______________________

Father’s Full Legal Name: _______________________________________________________________

Mother’s Full Legal Name: _______________________________________________________________

Mother’s Maiden Name: ________________________________________________________________

Godparent Name/denomination: __________________________________________________________

Godparent Name/denomination: __________________________________________________________

Baptism administered by: ________________________________________________________________

Date of Baptism: ________________________

Recording Fee: All non-parish members pay a $10 sacramental recording fee to St. John the
Baptist Parish (must be attached to this form).

Address to send Baptismal Certificate to:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

*******Forward this completed form and fee to St. John the Baptist Parish attention:
Fr. Greg Miller, OSB for processing. *******

For Parish office use only:

Entered in Sacramental Records ____  Record # _____  Page # _____  Entered in database _____
Baptismal Certificate Prepared _____  Recording Fee Rcvd. _____  Announced in Bulletin _____

Parishthings/forms/baptismrecordkeeping