



ST. JOHN THE BAPTIST CATHOLIC CHURCH

of Collegeville

14241 Fruit Farm Road Saint Joseph, Minnesota 56374
(320)363-2569 www.StJohnTheBaptistParish.org

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