

ST. JOHN THE BAPTIST – BRUSLY, LA  
BAPTISMAL REGISTRATION FORM

CHILD'S FULL NAME: \_\_\_\_\_  
Male \_\_\_\_\_ Or Female \_\_\_\_\_  
Date of Birth (or due date): \_\_\_\_\_  
City & State of Birth: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S MAIDEN & FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city, state)

PHONE: Mother's Cell # \_\_\_\_\_  
Father's Cell # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER OF ST. JOHN THE BAPTIST? \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_

IF SINGLE, WHAT IS THE CHILD'S FAMILY NAME ON BIRTH CERTIFICATE? \_\_\_\_\_

HAVE YOU ATTENDED A BAPTISMAL SEMINAR BEFORE? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

REQUESTED DATE OF BAPTISM: \_\_\_\_\_

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GODMOTHER'S FULL NAME: \_\_\_\_\_

GODFATHER'S FULL NAME: \_\_\_\_\_

(See Guidelines for requirements of Godparents)

Mail this form to: St John the Baptist Church, P.O. Box 248, Brusly, LA 70719