

MOST PRECIOUS BLOOD PARISH

445 White Horse Pk – West Collingswood, NJ 08107

Tel: (856) 854-0364 / Fax: (856) 869-5129

BAPTISM REGISTER

Name of Child	Last Name	First Name	Middle Name
Baptismal Date Request	MM/DD/YY	Baptismal Name	
Birth Date & Place	MM/DD/YY	City, State, Country	
Residence	Street, City, State, Zip Code		Home Telephone
Father	Last Name	First Name	Middle Name
	Cell Phone:		Email:
Mother	Last Name	First Name	Middle Name
	Cell Phone:		Email:
Godfather	Last Name	First Name	Middle Name
			Religion
Godmother	Last Name	First Name	Middle Name
			Religion
Godparents' Residence	Street, City, State, Zip Code		Telephone
<p>Are Parents registered members of the parish? ___ Yes ___ No</p> <p>Are Godparents registered members of the parish? ___ Yes ___ No</p> <p>Were Parents Married by a Catholic Priest? ___ Yes ___ No</p> <p>Was the child adopted? ___ Yes ___ No</p> <p>Is either Godparent represented by a Proxy? ___ Yes ___ No</p> <p>Name of the Proxy: _____</p>			

<p><i>(Office Use Only)</i></p> <p>Date of Appt: _____</p> <p>Time: _____</p> <p>Person making Appt: _____</p> <p>Comments: _____</p> <p>_____</p>	<p><i>(Office Use Only)</i></p> <p>Baptized on _____</p> <p>By _____</p> <p>Certificate _____</p> <p>Bap. Reg. _____</p> <p>ACS _____</p>
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