

Circle one:

**Boyle / Deacon Ziemba / Deacon Nowicki /
Other***

Date of Baptism: _____

Time: _____

*Other Name & Title

ST. CECILIA PARISH - BAPTISMAL REGISTRATION

_____ Male / Female
Child's Name (first, middle, last)

Child's Date of Birth

Place of Birth (City & State)

Street Address

Telephone Number

City, State & Zip Code

Email Address

Father's Name

Religious Affiliation

Mother's (Maiden) Name

Religious Affiliation

Place of Marriage

Date of Marriage

Godfather's Name

Religious Affiliation

Godmother's Name

Religious Affiliation

Are you a registered member of St. Cecilia Parish?

Yes _____ No _____

Attended previous Baptismal Sessions for Parents?

Yes _____ No _____

Book # _____ Page # _____

Office Use Only

Bulletin _____ / _____ / _____

Census Database _____ / _____ / _____