

BAPTISM RECORD WORKSHEET

Registered - Yes No NEED APPT w/ Priest - Yes No Baptism Seminar Date ____/____/____ Confirm _____

Letter of Good Standing : Godfather - Yes No Godmother - Yes No Baptism Date/time _____ Confirm _____

Notes: _____

For office use only

PLEASE PRINT FULL NAMES

1. Person Baptized: _____
(first) (middle) (last)

2. Phone (H) _____ (W) _____

3. (A). Date of Birth ____/____/____ (B). Place of Birth _____
(MM/DD/YYYY) (City/State or Military Facility/Base)

4. Category: _____ Newborn (to age 1) _____ Infant (1 - 6) _____ Adult (age 7 up)

5. Parents: _____
Father's Full Name Mother's Full Maiden Name

6. Rite of the Parents: _____
Father Mother

If the Rite of the Catholic parent(s) is not Latin, but Eastern - enter the specific church on this line, e.g., Melkite, Ukrainian, Ruthenian, etc.

7. Godfather* _____ Proxy for Godfather _____

8. Godmother* _____ Proxy for Godmother _____

9. Rite of Godfather*: _____ Rite of Godmother: _____

* See Policy 4 if Godparent/s is not here in Okinawa or is not Catholic.

10. (A) Are parents of the child married in the Church? Yes or No

(B) If no, would you like to have your marriage validated? Yes or No

11. Is one of the Godparents Catholic? Yes or No

12. Do you attend Mass regularly? Yes or No

13. (A) Do you have any children previously baptized? Yes or No (B) When _____

IF YOU ARE BAPTIZING YOUR CHILD OR WILL BE A GODPARENT IN ANOTHER PARISH AND WILL REQUIRE A LETTER, PLEASE FILL OUT THE FOLLOWING INFORMATION BELOW.

Name and complete address of Church: _____

Priest Name: _____

What is the letter for? (check which applies) _____ Baptizing child in the States
_____ Sponsor for the Sacrament of Baptism
_____ Letter of good standing in the Church