ST ANTHONY'S PARISH DEERAGUN

Baptism Number: _____
Entered in Baptism Register: _____
Entered in Baptismal Index: _____
Entered in Parish Census: _____
Entered in Computer: _____

YOUR CHILD'S BAPTISM

PLEASE ENSURE YOU PRINT ALL DETAILS CLEARLY

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ **BORN AT (TOWN)** _____

FATHERS FULL NAME: _____
RELIGION: _____ **OCCUPATION:** _____ **PH:** _____

MOTHERS FULL NAME: _____
MOTHER'S MAIDEN NAME: _____
RELIGION: _____ **OCCUPATION:** _____ **PH:** _____

EMAIL ADDRESS: _____

RESIDENTIAL ADDRESS:

_____

OTHER CHILDREN:

Child's Name	Age	School	Sacraments Received

GODPARENTS' NAMES: (One Godparent Must be a Catholic)

Name	Religion	Proxy (if applicable)

DATE BAPTISM PREPARATION CLASS ATTENDED: _____

DATE OF BAPTISM: _____ **Time:** _____

PRIEST: _____

CHURCH: _____

SIGNATURE: _____ **(MOTHER)** _____ **(FATHER)**

SIGNATURE OF CARE GIVER (IF APPLICABLE) : _____