DATA FOR BAPTISM REGISTER
Infant through 1st grade

St. James Catholic Church
Molalla, OR

Information from this form will be used to prepare the baptismal certificate
And for entry in Official Baptismal Register of the Church.
Provide a copy of child's Official Birth Certificate as supporting documentation.
Please Print (one child per form)

Child's Full Name: _____ ☐ Girl ☐ Boy

Date of Birth: *month* _____ *day* _____ *year* _____ *age* _____

Location of Birth: City _____ State _____

Father's Full Name: _____ Date of Birth: _____

Mother's Full Name: _____ Date of Birth: _____
(including maiden name)

Are parents married to each other in the Catholic Church? Yes ☐ No ☐

Father's Religion: _____ Mother's Religion: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Baptismal Prep Class Taken: When: _____ Where: _____

Registered at St. James ☐ Yes ☐ No   If not, would you like to be ☐ Yes ☐ No

Godparent's Name: _____ Religion: _____

Godparent's Name: _____ Religion: _____

Are the Godparents married to each other in Catholic Church: Yes ☐ No ☐

Baptismal Prep Class Taken: When: _____ Where: _____

Name of Priest: _____

Baptism: _____ _____ _____
         Date   Time   Where

This is **not** a Baptismal Certificate