



BAPTISMAL REGISTRATION FORM

2015

Today's Date: ___/___/___

REQUESTED DATE OF BAPTISM: ___/___/___

Suggested time for Baptism:

- During the 4PM Mass
- During the 10:00AM Mass

ST. FRANCIS XAVIER CATHOLIC CHURCH

245 W. Front Street Phone: 573-471-2447
 Sikeston MO 63801 Fax: 573-471-9820
 Email: parishoffice@stfxsikeston.org

To Arrange a Date:

Please call the parish office.

Godparents:

Godparents include a godmother and a godfather. They must be Catholic, actively practicing faith by Sunday Mass attendance; at least 16 years of age, Confirmed and registered at St. Francis Xavier. A Catholic godparent registered in a parish other than St. Francis is asked to provide from their pastor a letter of recommendation regarding their role as a godparent. There is the possibility of one of the godparents being an active member of a Christian church. The "Christian witness" must be baptized in his or her denomination. If one or both of the godparents cannot be present for the baptismal ceremony assigned proxies may stand in their place.

BAPTISMAL INFORMATION - Print All information Clearly to Help Assure Accurate Transfer to Sacramental Register

Full name of Child to be baptized: _____

FIRST MIDDLE LAST

Saints Name: _____

Place of Birth: _____ Date of Birth: _____ 20 _____

Father's full name: _____ Place of Baptism: _____

Mother's Maiden name: _____

Parents' Mass Attendance: REGULAR____ OCCASIONAL____ SELDOM____ SELDOM____ NEVER____

Address: _____

Phone: _____

Parents married by a priest in the Catholic Church: Yes/No

Parents receiving mail and registered in St. Francis Xavier Parish: Yes/No

Name of godfather: _____ Religion: _____

Confirmed: Yes/No

Name of godmother: _____ Religion: _____

Confirmed: Yes/No

For office use only:

Date of Baptismal Class: ___/___/___ Signature of Catechist on completion _____

MONTH DAY YEAR

Minister of Baptism: _____ Date of Baptism: ___/___/___

MONTH DAY YEAR