

St. Boniface Catholic Church

4025 Main Street. P.O. Box 68, St. Bonifacius, MN 55375

stbonifaceoffice@mchsi.com

(952) 446-1054

"Serving Jesus Christ by serving others"



Registration for Baptism

Today's Date _____, 20____

Registered Parishioners: YES NO Registering Today

Baptism Preparation _____, 20____ or Already Completed

Name of the Child _____

(first)

(middle)

(last)

Date of Birth _____ Place of Birth _____

Name of Father _____

(first)

(middle)

(last)

Address _____

Telephone _____

Name of Mother _____

(first)

(middle)

(maiden surname)

Current Surname* _____

*note: only the mother's birth name will be recorded and used in official records

Address _____

Telephone _____

Sponsors, or Sponsor and Christian Witness

Male

Name _____

Religion _____

Female

Name _____

Religion _____

Additional Notes

Baptism Date _____ Parish _____

Officiating Priest _____

OFFICE USE ONLY:

RECORDED IN BAPTISMAL REGISTER

RECORDED ON CENSUS CARD