

DATA FOR BAPTISM REGISTRY

St. John the Baptist

106 West Main Street, PO Box 8
Vermillion, MN 55085
651-437-9030

St. Mary

8433 239th Street
Hampton, MN 55031
651-437-5546

St. Mathias

23315 Northfield Blvd.
Hampton, MN 55031
651-437-9030

Full Name of Child: _____ Male or Female

Birth: Date _____ Place _____

Baptism: Date _____ Time: _____ Place: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Residence (Address): _____

Telephone Number: _____ email: _____

Date registered in Parish: _____ Parish: _____

Parent's Marriage: Date _____ Church _____ or Civil: _____

Godfather's Name (or Christian Witness (only1)) * _____

Religion: _____ Parish Godfather Registered in: _____

Godmother's Name (or Christian Witness (only 1)) * _____

Religion: _____ Parish Godmother Registered in: _____

* One Godparent is required. Godparents should be Catholic, baptized and confirmed, 16 years old, and practicing their faith. See covenant form. Can have 1 Christian Witness who is baptized in another recognized Christian denomination. (Total of 2 people.)

Is Godparent to be represented by Proxy? Yes No If yes (Name) _____

Date Baptism class attended? _____

Was the child privately baptized? _____ Was the child adopted? _____

Comments/Remarks: _____

Name of Priest: _____

Completed form must be returned to office two weeks prior to date of Baptism.