

INFANT BAPTISM REGISTRATION

DATE:		ARE YOU A REGIS	STERED PARISHIONER AT ST	: NICHOLAS? ☐ YES	\square NO
FAMILY LAST NAME:					
EMAI_L:		PHONE:			
CHILD TO BE BAPTIZED					
FULL LEGAL NAME:				GENDER: □M	□F
BIRTHDATE		BIRTH CITY & STATE	:		-
PARENTS/GUARDIANS					
FATHER'S NAME:		_ RELIGION:	BAPTIZED?	' □ YES □NO	
MOTHER'S NAME:		RELIGION:	BAPTIZED? 🗆 Y	ES □NO	
MARITAL STATUS: MARRIED BY A PRIE		R DEACON			
□DIVORGED I	JSEPARATED	□ ANNOLLED	□ WIDOWED		
GODPARENTS (Please note, only 1					
GODPARENT1 NAME					□F
REGISTERED PARISH (NAME. CITY, STAT					
MARITAL STATUS:	WERE THEY I	MARRIED IN THE CATHO	OLIC CHURCH BY A PRIEST	OR DEACON? ☐ YES	□NO
GODPARENT 2 NAME:				GENDER: □M	□F
REGISTERED PARISH (NAME, CITY, STATE)	:			CONFIRMED? ☐ YES	3 □NO
MARITAL STATUS: WER	E THEY MARRIE	D IN THE CATHOLIC	CHURCH BY A PRIEST C	OR DEACON? ☐ YES	S □ NO
PARENTS' CHECKLIST	GODF	GODPARENT 1 CHECKLIST		GODPARENT 2 CHECKLIST	
☐ This registration form ☐ Completed Go		Godparent Application	Form Completed Godp	parent Application For	rm
		nfirmation Certificate	☐ Copy of Confir	☐ Copy of Confirmation Certificate	
☐ Make sure Godparents meet requirements and return their forms	☐ If married, c Certificate	☐ If married, copy of Church Marriage Certificate		☐ If married, copy of ChurchMarriage Certificate	
D Baptism Preparation Class completion Baptism P		reparation Class comp letion Baptism Preparation Class completion			
PLEASE NOTE, WE CAN ONLY SCHEDULE A	BAPTISM ONCE AL	L PAPERWORK IS COMF	PLETED. PLEASE RETURN TH	IIS FORM TO THE PAR	ISH
MAIL: 3510 Rosedale St. NW	, Gig Harbor, WA 9	8335 OR:	Drop in the weekly collect	tion basket during	
EMAIL: <u>tiffany@stnicholascc.</u> PHONE: {253} 851-8850			Mass, or stop by the office forward to meeting you!	in person. We look	

