



# St. Anthony Catholic Church

7659 W. Sauk Trail • Frankfort, IL 60423

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<b>BAPTISMAL REGISTRATION - FAMILY INFORMATION</b>		PARISHIONER ID# _____
Child's Last Name:		
Child's First Name:	Middle Name:	Gender: M F
Child's Birth date:	Is child adopted?	City/State of Birth:
Father's First Name:	Middle:	Last:
Mother's First Name:	Middle:	Maiden: Last:
Street Address:		Apt #
City, State		Zip Code:
Home Phone:	Mobile Phone:	E-Mail
Religion of Father: C -		Religion of Mother: C -
Marital Status: _____ Married by a Catholic Priest or Deacon _____ Civil Marriage _____ Not Married		
<b>GODPARENT INFORMATION</b>		
Godfather:		Godmother:
St. Anthony Parishioner _____ or certificate from Pastor attached _____		St. Anthony Parishioner _____ or cert. from Pastor attached _____
Or is he a non-Catholic Christian Witness? _____		Or is she a non-Catholic Christian Witness? _____
Godmother Baptism Class Date:		Godfather Baptism Class Date :
<b>BAPTISM CHOICES FROM PARENTS</b>		
Date of Baptism Class Parents plan to attend:		
Baptism Ceremony date choice #1:		
Baptism Ceremony date choice #2:		
A customary offering of \$75.00 is given to the Church		
<b>OFFICE USE</b>		
Baptism registration form received date:	Baptism date letter sent/phone call:	Cert./Seal
Godfather form received:	Catechesis Completed date:	Book/Alpha
Godmother form received:	Deacons: _____ Immersion _____ Pouring	Bulletin
Baptism Date/Time	Donation received: \$ date:	PDS
Baptized by:		Mailed