

St. Francis of Assisi Roman Catholic Church  
**Baptism Registration Record**

*Fax to (828) 369-0809 or mail to Parish Office •299 Maple Street •Franklin, NC 28734*

**FAMILY INFORMATION**

**Name of Child to be Baptized:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Religion of Father: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Religion of Mother: \_\_\_\_\_

**Parent's Wedding Date:** \_\_\_\_\_

**Are you registered member(s) of St. Francis of Assisi Parish (Yes/No)** \_\_\_\_\_

If not, where are you registered? \_\_\_\_\_

**Was your child baptized privately?** \_\_\_\_\_ **Was your child adopted?** \_\_\_\_\_

**GODPARENT INFORMATION**

**Godfather's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Religion of Godfather: \_\_\_\_\_

Name of Parish/Church where registered or attend: \_\_\_\_\_

**Godmother's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Religion of Godmother: \_\_\_\_\_

Name of Parish/Church where registered or attend: \_\_\_\_\_

**Proxy Name (if Godparent unable to attend Baptism):** \_\_\_\_\_

Religion of Proxy: \_\_\_\_\_

Name of Parish/Church where registered or attend: \_\_\_\_\_

**Reminder:** Godparents who are not Parishioners of St. Francis of Assisi Parish must obtain a "sponsor certificate" from his/her parish indicating he/she is a Catholic in good standing and is a practicing, participating member of a Parish. The certificate should be mailed to the Parish Office two weeks prior to the Baptism.

<b>FOR PARISH OFFICE USE</b>	
<b>Date of Baptism Instruction:</b> _____	<b>Date/time of Baptism:</b> _____