

**St. Peter Catholic Church**

6161 Chambersburg Rd.  
Huber Heights, OH 45424  
937-233-1503

**Our Lady of the Rosary**

22 Notre Dame Ave  
Dayton, OH 45404  
937-228-8802

**St. Adalbert**

22 Notre Dame Ave  
Dayton, OH 45404  
937-228-8802

**Holy Cross**

22 Notre Dame Ave.  
Dayton, OH 45404  
937-228-8802

*PLEASE CIRCLE CHURCH OF BAPTISM*

**DATA FOR THE PARISH BAPTISMAL REGISTER**

**NAMES WILL APPEAR ON THE BAPTISMAL CERTIFICATE AS THEY APPEAR ON THIS PAGE**

**CHILD'S INFORMATION:**

FULL NAME OF CHILD \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
*City, State*

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

ARE YOU REGISTERED AT HOLY CROSS, OLR, ST. ADALBERT, OR ST. PETER? YES \_\_\_\_\_ NO \_\_\_\_\_  
*Circle Registered Church Above*

**PARENTS' INFORMATION:**

FATHER'S FULL NAME \_\_\_\_\_  
*(First, Middle, Last)*

RELIGION OF FATHER \_\_\_\_\_ CHURCH OF BAPTISM \_\_\_\_\_  
*Name, City, State*

CHURCH OF CONFIRMATION \_\_\_\_\_  
*Name, City, State*

MOTHER'S FULL NAME \_\_\_\_\_  
*(First, Middle, Maiden)*

RELIGION OF MOTHER \_\_\_\_\_ CHURCH OF BAPTISM \_\_\_\_\_  
*Name, City, State*

CHURCH OF CONFIRMATION \_\_\_\_\_  
*Name, City, State*

ARE THE PARENTS MARRIED? YES NO IF YES, NAME OF CHURCH \_\_\_\_\_  
*Circle one*

CITY & STATE \_\_\_\_\_

IF NO, WHO HAS CUSTODY? MOTHER FATHER JOINT CUSTODY Circle One

WAS THE CHILD ADOPTED? \_\_\_\_\_ FROM WHAT AGENCY? \_\_\_\_\_

CITY & STATE \_\_\_\_\_

**GODPARENTS' INFORMATION**

GODFATHER'S FULL NAME \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

GODMOTHER'S FULL NAME \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

\*\*\*Godparents will need a Letter of Good Standing from their parish, or a Godparent form which we can provide.\*\*\*

IF THE GOD PARENTS ARE BEING REPRESENTED BY PROXY, PLEASE LIST THEIR NAME(S):

PROXY FOR GODFATHER \_\_\_\_\_

PROXY FOR GODMOTHER \_\_\_\_\_

WAS THE CHILD PRIVATELY BAPTIZED? \_\_\_\_\_ WHEN \_\_\_\_\_

WHERE DID IT TAKE PLACE? \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_

PRIEST OR DEACON SIGNATURE \_\_\_\_\_

**For Office Use Only:**

Registered Member: YES NO    Baptismal Preparation Class: \_\_\_\_\_ When \_\_\_\_\_

Approved for Baptism by Priest or Pastoral Associate: \_\_\_\_\_

Receipt of Godfather's Letter: \_\_\_\_\_    Receipt of Godmother's Letter: \_\_\_\_\_

**Recorded in:**

*Please initial*

Baptism Registry: \_\_\_\_\_    Computer/PDS: \_\_\_\_\_

Provided to Bulletin: \_\_\_\_\_

Certificates mailed: \_\_\_\_\_