



Incarnation Catholic Church

Baptism Registration Form

Baptisms are scheduled on the second and last Sunday of the month at 12:00 PM in the chapel

FOR OFFICIAL CHURCH RECORDS

Date class attended: _____ Requested Baptism date: _____

Child's name: _____
First Middle Last Gender

Date of birth: _____ Age: _____ City/State of birth: _____

Home Address: _____
Street City State Zip

Email: _____

Father's name: _____
First Middle Last

Mother's name: _____
First Middle Last (MAIDEN NAME)

Father's phone: _____ Mother's phone: _____

Father's religion: _____ Mother's religion: _____

Parents are you presently married to each other? Yes_____ No_____

Were you married by a Catholic Priest? Yes_____ No_____

Name of church & address: _____

Current Parishioner of Incarnation? Yes_____ No_____

If no, name & address of current church: _____



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GODPARENT/SPONSOR INFORMATION

Godfather: _____ **Religion:** _____
First, Middle & Last Name

Name & address of church Godfather attends:

Godfather are you Confirmed Catholic? Yes_____ No_____

Godmother: _____ **Religion:** _____
First, Middle & Last Name

Name & address of church Godmother attends:

Godmother are you Confirmed Catholic? Yes_____ No_____

OFFICE USE ONLY:

Signature of

Priest/Deacon: _____ Date of Baptism: _____

Godparents/sponsors verified: _____
Cert. _____ Bib _____

Incarnation Catholic Church
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