

Date Info Received _____ By: _____

Preferred Baptism Date: _____

Baptismal Registration

(Please **PRINT** all information clearly.)

(Print) Name of **Child/Candidate** _____
(Spell **exactly** the way you want the name to appear on the Baptismal Certificate.)

Birth Date: _____ **Place of Birth:** _____ **Date of Baptism:** _____
M/D/Y (City, State) M/D/Y

Was the child privately baptized? YES NO Was the child adopted? YES NO
Are parents registered at St. Jude Church? YES NO If yes, envelope number: _____
Are parents married? YES NO If married, were parents married by a priest? YES NO

(Print) **Father's Name:** _____ **Religion:** _____
(Spell **exactly** the way you want the name to appear on the Baptismal Certificate.)

(Print) **Mother's Maiden Name:** _____ **Religion:** _____
(First Name Maiden Name Last Name)
(Spell **exactly** the way you want the name to appear on the Baptismal Certificate.)

(Print) **Address:** _____
(Street, Apt. No., City, State, Zip)

Daytime Telephone No.: _____ **E-Mail Address:** _____

(Print) **Godfather:** _____ **Religion:** _____
(Spell **exactly** the way you want the name to appear on the Baptismal Certificate.)

(Print) **Godmother:** _____ **Religion:** _____
(Spell **exactly** the way you want the name to appear on the Baptismal Certificate.)

Baptismal Classes

(English) 1st Tuesday of month -----7 – 9 p.m.----- (Spanish) 2nd Tuesday of each month

Date of Baptismal Class: _____ **How many of you will be there?** _____

Note: All required paperwork must be received at least two weeks prior to the baptism.

<u>Signed</u>	<u>Date</u>	<u>Signed</u>	<u>Date</u>
_____ (Father's Signature)*	_____ (M/D/Y)	_____ (Mother's Signature)*	_____ (M/D/Y)

***Note: Both parent's signatures are required or the baptism will not take place.**

Please complete and mail or fax as soon as possible to:
Baptismal Coordinator
St. Jude Church, 21689 Toledo Road, Boca Raton, FL 33433
Phone: 561-392-8172 Fax: 561-362-0845
ChurchOffice@stjudeboca.org
www.stjudeboca.org