



**BAPTISM PREPARATION REGISTRATION
ST. STANISLAUS CATHOLIC CHURCH
ANDERSON, TEXAS**

Photo copy of Birth Certificate Required.

Family Registered in the parish under _____
Last name

PARENT INFORMATION

Mother's Maiden Name _____ Work Phone _____
First Middle Last

Father's Name _____ Work Phone _____
First Middle Last

Mailing Address _____ Home Phone _____
Religion _____
Zip _____

GODPARENTS' INFORMATION Godparent/s must be Catholic in good standing (i.e.)
Baptized, Confirmed, Receives Eucharist.

Godfather's Name _____ Religion _____
16+ years old? _____ Confirmed? _____ Married? _____ By Catholic Priest/Deacon? _____

Godmother's Name _____ Religion _____
16+ years old? _____ Confirmed? _____ Married? _____ By Catholic Priest/Deacon? _____

CHILD'S INFORMATION

Infant due date _____ (or)
Name _____
First Middle Last

Date of Birth _____ Place of Birth _____
City State

Other children in the family:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Have you previously completed Infant Baptism Preparation Classes? Yes _____ No _____
If yes, Date of Class _____ What Parish? _____

Are you Married? _____ Were you married by a Catholic Priest/Deacon? Yes _____ No _____

*** Schedule may include more than one Baptism.**