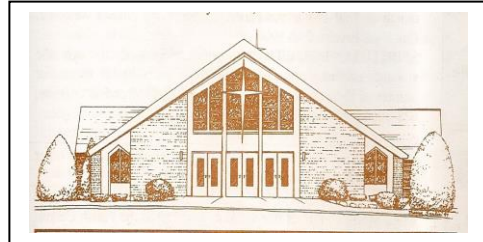


MARY, GATE OF HEAVEN PARISH
St. Mary Church & St. Robert Bellarmine Church
St. Mary (860) 623-2524 * FAX (860) 623-5684
Email: Office@stmarystrobertwl.org



Information for Baptismal Register

Child's Name _____ Date of Birth _____
first middle last

Home Address _____
number street city/town state zip code

Phone Number _____ Place of Birth _____
city state

Father's Name _____ Father's Religion _____

Mother's **Maiden** Name _____ Mother's Religion _____
first name (maiden) name

Church where parents were married: _____
name

Location of Church: _____
city/town state

Name of Godfather _____ Name of Godmother _____
 Is the Godfather a Catholic? YES ____ NO ____ Is the Godmother a Catholic? YES ____ NO ____

What parish does the Godfather attend? _____

What parish does the Godmother attend? _____

Will either Godparent be represented by a Proxy? YES ____ NO ____

If yes, please give the name of the Proxy _____

Was the child privately baptized? YES ____ NO ____

Was the child adopted? YES ____ NO ____

Do you have any special requests? _____

Are you a registered member of Mary, Gate of Heaven Parish (St. Mary-St. Robert Bellarmine Churches)?
 YES ____ NO ____

Date of Pre-Baptismal Instruction ____/____/____

Date and time of Baptism _____