

Church of St. Luke

Baptismal Registration Form

(This Registration Form must be completed and in St. Luke's office no later than one week prior to the requested month of the sacrament of Baptism, along with a copy of the child's Birth Certificate)

Child's Name: _____ Family Name: _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____
(Maiden Name)

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Work Telephone _____

Registered Members of St. Luke's Yes _____ No _____

Marital Status: Married _____ Single _____

Church of Marriage: _____

City: _____ State: _____

Marriage Officiated by: Priest _____ Minister _____ Justice of the Peace _____

Godparent: _____ Catholic: Yes _____ No _____

Or Proxy: _____ Catholic: Yes _____ No _____

Godparent: _____ Catholic: Yes _____ No _____

Or Proxy: _____ Catholic: Yes _____ No _____

Baptismal date of Choice: _____

(the Sacrament of Baptism is performed on the first Saturday and Sunday of each month)

If you have questions or concerns please contact the church office (320) 558-2124

For office use only:

Baptism Date: _____ Celebrant of Baptism _____