

St. Francis de Sales Parish
180 Laurel Street
Bristol, CT 06010
(860) 582-8169

BAPTISM REGISTRATION FORM

Date of Baptism: _____

Name of Child: _____ M__ F__

Date of Birth: ____/____/____ Place of Birth: _____

Parents Address: _____

City: _____ State: _____ Zip Code: _____

PARENT'S INFORMATION

Father's Name: _____ Religion: _____

Mother's First Name & Maiden name: _____ Religion: _____

Name of church where parents were married: _____

GODPARENT'S INFORMATION

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____