



ST. PETER THE APOSTLE CATHOLIC CHURCH

1019 N. 5TH STREET, PHILADELPHIA, PA 19123

BAPTISMAL REGISTRATION FORM

TODAY'S DATE: _____

CHILD'S NAME: _____

GENDER: _____ DATE OF BIRTH: _____ CITY OF BIRTH: _____

ADDRESS: _____

CITY / STATE: _____

EMAIL: _____ PHONE NUMBER: _____

MOTHER'S FULL NAME: _____ RELIGION: _____

FATHER'S FULL NAME: _____ RELIGION: _____

MARRIED: Y / N CIVIL CEREMONY: Y / N

GODMOTHER'S NAME: _____ RELIGION: _____

GODFATHER'S NAME: _____ RELIGION: _____

DONATION (\$75) AMOUNT TO THE CHURCH: _____ BIRTH CERTIFICATE: Y / N

SPAC REGISTERED PARISHIONERS: Y / N INTERVIEWED BY: _____

PREJORDAN / BAPTISM PREPARATION DATE: _____

CONDUCTED BY: _____

DATE OF BAPTISM: _____ CELEBRANT: _____