



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: YES / NO CIVIL CEREMONY: YES / NO OTHER: _____

GODMOTHER'S NAME: _____ RELIGION: _____

GODFATHER'S NAME: _____ RELIGION: _____

ST. PETER THE APOSTLE PARISH REGISTERED PARISHIONERS: YES / NO

+ INTERNAL OFFICE ONLY BELOW THIS LINE **+**

INTERVIEWED BY: _____

DONATION TO THE CHURCH (\$75) : YES / NO

BIRTH CERTIFICATE: YES / NO

LETTERS OF ELIGIBILITY: YES / NO

PREJORDAN DATE: _____

CONDUCTED BY: _____

DATE OF BAPTISM: _____

CELEBRANT: _____