

Saint Andrew Catholic Church

Phone: (859) 734-4270 ✠ 1125 Danville Road Harrodsburg KY 40330 ✠ Facsimile: (859) 733-9770

REGISTRATION FORM FOR THOSE RECEIVING THE SACRAMENT OF BAPTISM

Name: _____
First Name Middle Name Family Name

Date of Birth: _____ Place of Birth: _____
Month Day Year Town/City State

Father's Full Name: _____
First Name Middle Name Family Name

Mother's Full Name: _____
First Name Middle Name Maiden Name

Date of Marriage: _____ Place of Marriage: _____
Month Day Year Church Civil

Father's Religion: _____ Mother's Religion: _____
If Catholic, please indicate Rite; e.g., Roman, Byzantine, Ukrainian, Ruthenian, Melkite, Chaldean, Maronite, etc.

Address: _____
Number Street Town/City State Zip Code

Telephone Number: _____ Email Address: _____

A godparent must be at least 16 years old and a Catholic who practices his/her Faith. S/he should have already received all three sacraments of initiation: Baptism, Confirmation, and Holy Eucharist (cf. CIC, c. 874).

Godfather's Full Name: _____
First Name Middle Name Family Name

Godmother's Full Name: _____
First Name Middle Name Family Name

A baptized non-Catholic can only participate with a Catholic godparent and then only as a witness of the baptism (cf. CIC, c. 874.2).

Full Name of Christian witness: _____
First Name Middle Name Family Name

Please take note that it is our parish custom to schedule Baptisms for infants during the celebration of our weekend Masses.

Date of Baptism: _____ Time: _____ Within Mass
Month Day Year Outside of Mass

Manner of Baptism: Immersion Infusion (Pouring over the Head)

FOR OFFICE USE ONLY

Minister of the Sacrament of Baptism: _____

When applicable: Delegated by the Pastor

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| <input type="checkbox"/> Certificate of Baptism Sent |
| <input type="checkbox"/> Recorded in the Sacramental Register |
| <input type="checkbox"/> Entered in the Parish Data System (PDS) |