

BAPTISM REGISTRATION FORM

St. Catherine of Siena Church
309 Siena Drive, Ithaca, New York 14850
607-257-2493

Child's Information		
Child's Full Name:	Requested Date/Time:	Place of Baptism: St. Catherine of Siena Church Ithaca, NY 14850
	Confirmed Date/Time:	
M ____ F ____	Baptized By:	Other:
Date of Birth:	Was the Child Privately Baptized:	
Place of Birth:	Date:	

Father	Parent Information	Mother
	Full Name	
	Mother's Maiden Name (For Certificate)	
	Street Address	
	City, State, ZIP	
	Home Phone	
	Cell Phone	
	E-mail	
	Faith	

Godfather	Godparent Information	Godmother
	Full Name	
	Faith	
	Represented by Proxy?	
	If so, name of Proxy	
	Sponsor Certificate Received?	

For Office Use		For Office Use
Number of Pews for Baptism:		Initial Interview: Date:
Reception in Parish Hall: Y ____ N ____		
Rooms: _____		Details Confirmed: Date:
Hold Harmless Agreement: Y ____ N ____		
Certificate of Liability: Y ____ N ____		Baptism Recorded By: Date:
Cal ____ List ____ AME ____ Sherry ____ Jane ____ Ashley ____		