

**ST. PETER CHURCH    6161 CHAMBERSBURG ROAD    HUBER HEIGHTS, OH 45424**  
**DATA FOR THE PARISH BAPTISMAL REGISTER**  
**NAMES WILL APPEAR ON THE BAPTISMAL CERTIFICATE AS THEY APPEAR ON THIS PAGE**

FULL NAME OF CHILD \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City and State \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_  
(First, Middle, Last)

RELIGION OF FATHER \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_  
(First, Middle, Maiden)

RELIGION OF MOTHER \_\_\_\_\_

ARE THE PARENTS MARRIED? \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

CITY & STATE \_\_\_\_\_

ARE YOU REGISTERED AT ST. PETER CHURCH? \_\_\_\_\_

GODFATHER'S FULL NAME \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

GODMOTHER'S FULL NAME \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

\*\*\*If Godparents are not registered members of St. Peter Church, they will need a sponsor letter from their parish.\*\*\*

IF THE GOD PARENTS ARE BEING REPRESENTED BY PROXY, PLEASE LIST THEIR NAME(S):

\_\_\_\_\_

WAS THE CHILD PRIVATELY BAPTIZED? \_\_\_\_\_ WHERE DID IT TAKE PLACE? \_\_\_\_\_

WAS THE CHILD ADOPTED? \_\_\_\_\_ FROM WHAT AGENCY? \_\_\_\_\_

CITY & STATE \_\_\_\_\_

NAME OF PRIEST/DEACON \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_

PRIEST OR DEACON SIGNATURE \_\_\_\_\_

**For Office Use Only:**

Registered Member:

Computer:

Baptismal Preparation Class:

Bulletin:

Baptism Book:

Certificate: