Recording/Registration Fee: \$25.00	For Office Use!
Received:	Baptism: Time:
Received:ST. MAXIMILIAN KO	LBE BAPTISM REGISTRATION
The Baptism Certificate is a Legal Document, any information given below may not be changed after the Baptism Date.	
Child's Full Name:	
Address:	City Zip
Telephone Number: Home ()	Other ()
Child's Date of Birth: City	& State of Birth:
Father's Full Name:	Father's Religion:
	Mother's Religion:
Mother's Maiden Name:	
	Date: Godfather's Religion:
City	Zip
Godmother's Name:	Godmother's Religion:
Godmother's Address:	
City	Zip
Is either Godparent represented by Proxy:	
Parent Signature Date Both Parents listed on the child's birth certifica scheduled.	Parent Signature Date te MUST sign this form before the Baptism can be
Do Not Write Below This Line	
Parents attended Baptism Class	Godparents attended Baptism Class
Date of Requested Baptism:	Initials of Instructor:
Name of Priest	

Book: _____ Page: ____ Number: ____ Logos Date: _____