

JESUS, OUR SAVIOR CATHOLIC CHURCH

Phone: (606) 784-4392 ☒ 315 Battson-Oates Dr. PO Box 307 Morehead KY 40351 ☒ Fax: (606) 783-0190

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

- ☐ Certificate of Baptism Sent
- ☐ Recorded in the Sacramental Register
- ☐ Entered in the Parish Data System (PDS)