Authentic Copy of YEAR__________

BAPTISMAL REGISTER

ST. ________________________________ CHURCH OF ___________________________, KY.

Pastors have the obligation of sending to the Chancery Office each year an authentic copy of the record of all Baptisms performed within their jurisdiction during the year. This copy shall be sent along with the annual Statistical Report that is **due no later than January 25, 2027**. Religious Houses, Hospitals and Nursing Homes are asked to submit the same information for those who were baptized at these institutions.

NAME	DATE OF BIRTH DATE OF BAPTISM	NAME OF FATHER MAIDEN NAME OF MOTHER	MINISTER	SPONSORS

EXACT COPY OF ORIGINAL

(Seal) ______________________________ ______________

Signature of Pastor Date Signed

BAPT2024

Authentic Copy of Year____________

CONFIRMATION REGISTER

ST. ______________________________________ CHURCH OF __________________________, KY.

Pastors have the obligation of sending to the Chancery Office each year an authentic copy of the record of all Confirmations conferred within their jurisdiction during the year. This copy shall be sent along with the annual Statistical Report that is due no later than **January 25, 2027.**

____ ____

Minister of Confirmation **Date of Confirmation**

NAME OF THOSE CONFIRMED	NAME OF THOSE CONFIRMED

CONCORDAT CUM ORIGINALI

(Seal) ____ ____________________

Signature of Pastor Date Signed

CON2024

Authentic Copy of Year_____

BAPTIZED CHRISTIANS RECEIVED
INTO FULL COMMUNION WITH THE CATHOLIC CHURCH

ST._____CHURCH OF _____, KY.

A special parish record book should be kept with the same information as recorded here. A certificate of prior or Protestant Baptism should be required and kept in a special file in the parish archives.

Name	Date of Christian Baptism
Church of Catholic Reception	Church of Baptism
Catholic Minister of Reception – Date	Address of Church of Baptism

Name	Date of Christian Baptism
Church of Catholic Reception	Church of Baptism
Catholic Minister of Reception – Date	Address of Church of Baptism

Name	Date of Christian Baptism
Church of Catholic Reception	Church of Baptism
Catholic Minister of Reception – Date	Address of Church of Baptism

Name	Date of Christian Baptism
Church of Catholic reception	Church of Baptism
Catholic Minister of Reception – Date	Address of Church of Baptism

Name	Date of Christian Baptism
Church of Catholic Reception	Church of Baptism
Catholic Minister of Reception – Date	Address of Church of Baptism

(Seal) _____ _____

Signature of Pastor Date Signed

RC2024

Authentic Copy of Year____________

MATRIMONIAL REGISTER

ST.___________________________________CHURCH OF _____________________________________, KY.

Pastors have the obligation of sending to the Chancery Office each year an authentic copy of the record of all Marriages performed within their jurisdiction during the year. This copy shall be sent along with the annual Statistical Report that is **due no later than January 25, 2027.** Religious Houses, Hospitals and Nursing Homes are asked to submit the same information for marriages celebrated in these institutions.

NAME OF GROOM NAME OF BRIDE	DATE OF MARRIAGE	PRIEST OFFICIATING	DISPENSATION

EXACT COPY OF ORIGINAL

(Seal) ____ ____________________

Signature of Pastor Date Signed

MAT2024

Authentic Copy of Year_____

DEATH REGISTER

ST. _____ CHURCH OF _____, KY.

Pastors have the obligation of sending to the Chancery Office each year an authentic copy of the record of all Deaths occurring within their jurisdiction during the year. This copy shall be sent along with the annual Statistical Report that is **due no later than January 25, 2027**. Religious Houses, Hospitals and Nursing Homes are asked to submit the same information for those whose funeral services were conducted at these institutions.

NAME	DATE OF DEATH	PLACE OF DEATH	PLACE OF BURIAL

EXACT COPY OF ORIGINAL

(Seal) _____
Signature of Pastor

_____
Date Signed

DEA2024