

St. Francis de Sales Church

BAPTISMAL REGISTRATION FORM

(Please Print)

Name of Child			
	irst	Middle	Last
Date of Birth			
Place of Birth			
	City	State	
PARENTS: Mother's Maiden Name			Religion
	First	Last	
Father's Name	First	Last	
	FII St	Lasi	
Residence			
Street		City	State Zip-Code
Home Phone ()		Cell Phone ()	
, ,	gister in the parish be	Sales Parish? □Yes □No (If efore you can schedule a dated for y	•
GODPARENTS:			Religion
First	Last		
First	Last		
	n: (Must be approved I on Sundays after the	by parish office.) e 12:00 Noon Mass.	
Arrangements forSuggested donation	•	e made through the parish office.	
Date of Class:			
Presider at Baptism:			

Location: 614 Route 517 Vernon, NJ07462 Mailing: P.O. Box 785 McAfee, NJ 07428

Office: (973) 827-3248 – Fax: (973) 827-7534

OFFICE USE ONLY			
Name of Priest:		•	
PAPERWORK:	□ Baptism Registration Form		
	□Signed/sealed sponsor Certificate		
	□Permission to have baby baptized at St. Francis		
	□ Baptismal Fee		
Revised 8/8/17	□Miscellaneous:		