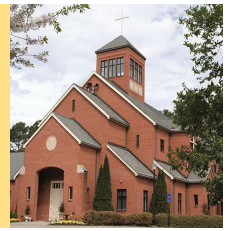




ST. MARGUERITE D'YOUVILLE CATHOLIC CHURCH
 LAWRENCEVILLE, GEORGIA, 30044, USA
BAPTISM REGISTRATION FORM



TODAY'S DATE _____

NAME OF CHILD _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE # _____ EMAIL _____

CHILD'S DATE OF BIRTH _____ CITY _____ STATE _____

TENTATIVE DATE OF BAPTISM _____

(You will need to confirm this date with one of our priests at St. Marguerite)

FATHER'S FULL NAME _____

RELIGION _____ PLACE OF BIRTH _____

MOTHER'S FULL NAME BEFORE MARRIAGE (MAIDEN NAME)

RELIGION _____ PLACE OF BIRTH _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? YES _____ NO _____

**GODPARENTS SHOULD BE GOOD STANDING CATHOLICS
 AND ACTIVE IN THEIR RESPECTIVE PARISH**

GODFATHER'S NAME _____ CATHOLIC

GODMOTHER'S NAME _____ CATHOLIC

CHRISTIAN WITNESS _____

CELEBRANT OF BAPTISM _____

For Office Use: Recorded: Page _____ Number _____ Certificate Issued _____

If you need a letter stating that you attended this class,
please fill out the following:

Letter for Godparents:

NAME OF GODPARENTS _____

PHONE # _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF THE CHILD TO BE BAPTIZED _____

NAME OF THE CHURCH WHERE BAPTISM WILL TAKE PLACE

DATE OF BAPTISM _____

CITY _____ STATE _____

*If you have any questions or concerns, please call the parish office
at 770-381-7337 or 770-381-8062.*

Thank you and God bless you!