



# Saint John Neumann Catholic Church

8451 Idlewild Road. Charlotte N.C. 28227

Phone: 704.536.6520 Fax: 704.837.8243

NOTE: Baptism Preparation Class must be taken minimum ONE MONTH prior to date of Child's Baptism.

## BAPTISM REGISTER

Date of Class: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Place of Birth: \_\_\_\_\_  
Month Day Year City, State, Country

Current Address: \_\_\_\_\_  
Street City State Zip Code

Child is a ...  Male  Female

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

CHECK ONE: Were the parents married in a ceremony recognized as valid by the Catholic Church ?

Yes  Unmarried  No, Civil Ceremony  No, Living Together, Unmarried How many years? \_\_\_\_

Godfather's Name: \_\_\_\_\_ \*Religion: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ \*Religion: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are the Godparents being represented by another person (a proxy)? If so, please provide their names:

\_\_\_\_\_

\*Godparent Requirement: At least ONE Godparent must be at least 16 years of age and a Practicing - Confirmed - Catholic and provide a Sponsor Certificate or Letter from his or her parish stating their eligibility to be a Godparent.

Has the child been baptized in emergency circumstances? Privately? \_\_\_\_\_

Please do not write below this line...

Baptized By: \_\_\_\_\_

Notes: \_\_\_\_\_