BAPTISMAL REGISTRATION

for St. Gregory and St. Malachy Parishes

This form must be returned to the parish office at 207 N 14th ST, Suite B, Marysville, KS, 66508, 785-562-4039 (fax) or qschmitz@archkck.org two weeks before Baptism for processing.

Child's Na	me:			
	(First)	(Middle)	(Last)	
		City and State of Birth:		
	ame:			
	(First)	(Middle)	(Last)	
Father's Phone #:		E-mail Address:		
Mother's N	Name:(First)		(MAIDEN)	
	(First)	(Middle)	(MAIDEN)	
Mother's Phone #:		E-mail Address:		
Home Add	lress:			
Have you o	completed a Baptism Preparation	n Class: Y / N		
If Yes, the	n when and where did Baptism I	reparation Class occur:		
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Desired Baptism Date:		Is it okay to publish this baptism in the bulletin? Yes / No		
During Ma	ass:(5:30PM) (8:45AM) (_	10:30AM)	5:30PM) (8:45AM) (10:30AM)	
If the priest	doing the Baptism is different fro	m Fr. Quentin Schmitz, what is his	name?	
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		Godparents		
If two Godj community	parents are chosen, they must be o	f different sexes. A baptized person	onfirmation and be a practicing Catholic. who belongs to a non-Catholic ecclesial not able to make it to the baptism, a	
Godparent:		Current Parish	Current Parish:	
Name of P	roxy if Needed:			
Godparent	t/Christian Witness:			
Current Pa	arish:			
Name of D	rovy if Naadad:			