

Immaculate Conception Church

208 South Hope Street
www.icjacksonmo.com

Jackson, MO 63755 573-243-3182

BAPTISM REGISTRATION INFORMATION

Full Name of Child:		☐ Female
Residence:		
Telephone Number:		
Date of Birth:		
City of Birth:		
Date of Baptism: Date	of Baptism Class:	
Father's Full Name:		
Religion of Father: (Catholic Christ	anOther)
Mother's Full Name:		
Mother's Maiden Name (Last Name Only)		
Religion of Mother: (Catholic Chris	ianOther)
Are the parents currently registered parishioners of Immaculate Conception? (Yes / No)		
Parents Marital Status: Married in Catholic Church Married Civilly		
Single Parents (NOT Living Together) Single Parents Living Together		
Godfather's Full Name:		
Godfather's religious background: Practicing Catho	olic Christian_	
Godmother's Full Name:		
Godmother's religious background: Practicing Cath	nolic Christian_	
For the Godparents that are practicing Catholics, are either registered here:		
Is either Godparent represented by a Proxy? (Yes / No)(If YES, print name of Proxy above Sponsor's "Godparent's Name)		
Was the child privately Baptized?		
Was the child adopted?		
Name of Priest:		