Registry Information for the Sacrament of Baptism.

In order to keep the promise that you make during the ceremony to bring your child up in the faith, we presume that you are actively practicing and will continue to actively practice your Catholic, Christian faith . . .



1028 White Point Road ~ Niceville, Florida 32578 Phone Number: 850-897-7797 ❖ FAX Number: 850-897-2422 Website: www.corcatholic.org

Please arrive 30 minutes prior to scheduled time of the Baptism Ceremony

PLEASE PRINT and COMPLETE ALL INFORMATION REQUESTED

the way you want it to appear on your child's certificate and in our Sacramental Registry.

Your Present Address:

City:	State: Zip:									
Phone Number:	Cell Phone Number:									
Mailing Address {If different from	n above}:									
CANDIDATE FOR BAPTISM The Baptismal Name MUST be a	a recognized Christian Name									
Has this candidate been privately baptized? NO () YES ()					If YES, the DATE:					
1) First Name:				5) CIT	Y of Birth:					
2) Middle Name:	Middle Name:			6) STATE of Birth:						
3) Baptismal Name: {If Different}				7) Co						
4) Family {LAST} Name:				8) DATE of Birth:			Mo:	Day:	Yr:	
_	_									
PARENTS OF THE BAPTISMA	L CANDIDATE	_	1							
9) Father's FIRST Name:			13) Mother's FIRST Name:							
10) Father's MIDDLE Name:			14) Mother's	Name:						
11) Father's LAST NAME:			15) Mother's {MAIDEN NAME}:							
12) Father's Religion:			16) Mother's Religion:							
GODPARENTS OF THE BAPTIS GODPARENTS MUST OBTAIN WRITT	SMAL CANDIDATE									ess
17) Godfather's Name:					Is Godfather Catholic: Yes?() No?(()
Will Godfather be present at Baptism: Yes?() No?()			B) If NO - Name	of Proxy:						
19) Godmother's Name:					Is Godmother Catholic: Yes?() No?()					?()
Will Godmother be present at Baptism: Yes?() No?()) If NO - Name							
COMPLETE	D by PARISH STAFF ONLY W	vhe	n office sched	ules the	BAPTISMAI	L CEF	REMON	IY		
DAY & DATE of BAPTISM:				CELEBRANT's Name:						
[] Sat - 5:30 p.m. Mass [] Sun - 7:30 a.m. Mass [] Sun - 10:30 a.m. Mass					aeR:					
Private Ceremony w/o Mass - DAY / DATE & TIME:				CISTRY	NUMBER:					
Number of Reserved Seats Required: []										

Form Updated: 15 June 2016