

Session Date: \_\_\_\_\_

Names will appear on the baptismal certificate as they appear on this page.

## RECORD OF BAPTISM

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

A baptism preparation session is offered on the first Thursday of each month at 7:30 PM in the Parish Center meeting room on the Incarnation campus (7415 Far Hills Avenue, Centerville OH 45459) .

There is no charge for the baptism class; please call 937-433-1188 to register.

**Baptism Class taken within last two years?: Y N**

**If yes, Location of Baptism Class:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Religion of Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Religion of Mother:** \_\_\_\_\_

**Parent's Marriage**

**Church:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Registered member of this parish? Y N**

**Permission to Use Photo: Y N**

**Godfather:** \_\_\_\_\_

**Religion of Godfather:** \_\_\_\_\_

**Godmother:** \_\_\_\_\_

**Religion of Godmother:** \_\_\_\_\_

**Office use only:**

**Date and Time of Baptism** \_\_\_\_\_

**Signature of Minister** \_\_\_\_\_