Mater Ecclesiae

The Downtown
Family of Parishes

**BAPTISMAL
REGISTRATION FORM**

Full Name of Child: _____

Street Address: _____

City: _____ Zip code: _____ Date of Birth: _____

 City & State of Birth: _____

Requested Date of Baptism: _____

Father's Name: _____Religion: _____

Mother's Name (including maiden name): _____Religion _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Father's Email: _____

Mother's Email: _____

Registered Parish: _____ Were Parents married by a Catholic Priest: ___

Godparent Information:

Full Name of Godfather: _____ Religion _____

Godfather's Church & Location: _____

Church Phone #:_____ Godfather's Cell Phone#:_____

Full Name of Godmother _____ Religion _____

Godmother's Church & Location: _____

Church Phone #:_____ Godmother's Cell Phone#:_____

**Email completed form to the CRE, Ashlee Campbell (religioused@stlouisrcchurch.org) to register your child for Baptism.