St. Mary Parish

904 Central Avenue Coon Valley, Wisconsin 54623 Telephone (608) 452-3841

Registration for Baptism

| Name of Child: | | | |
|---|-------------------|----------------------------------|--|
| Date of Birth: | Ci | ity of Birth: | |
| Father's Full Name: | | | |
| Father's Address: | State: _ | ZIP: | |
| Father's Best Telephone Number: | | Religion of Father: | |
| Mother's Full Name: | | Maiden Name: | |
| Mother's Address: | State: _ | ZIP: | |
| Mother's Best Telephone Number: | | Religion of Mother: | |
| Godfather's Full Name: | | | |
| Godmother's Full Name: | | | |
| Religion of Godfather: | Religion | of Godmother: | |
| Date requested for Baptism: | | Time: | |
| Are you allergic to any type of vegetable oil (| oils will be used | in the Baptism Ritual)? Yes / No | |
| Are you registered members of Saint Mary's | Parish? Yes /] | No | |
| If not, where are you registered? | | | |
| Do you have your own white baptismal garme | ent? Yes / No | | |
| Any suggestions for our parish? | | | |
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