

St. Aedan's

The Saint Peter's University Church



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BAPTISM REGISTRY FORM

Child's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Place / Hospital of Birth: _____

Father's Name: _____ Father's Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Mother's Maiden Name: _____ Mother's Religion: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Godfather's Name: _____ Catholic: Yes ___ No ___

Email: _____

Godmother's Name: _____ Catholic: Yes ___ No ___

Email: _____

Is either Godparent represented by proxy? Yes ___ No ___

Name of Proxy: _____

Was the child privately baptized? Yes ___ No ___

Was the child adopted? Yes ___ No ___

Date of Pre-baptismal class: _____ Attended: Yes ___ No ___

Date of Baptism: _____ Baptized: Yes ___ No ___

Name of Priest interviewer: _____

*To be a godparent, one must be Catholic. Only one godparent is needed.
A baptized Christian can be a "Christian Witness" in addition to the one godparent.*

A BIRTH CERTIFICATE IS REQUIRED