

**St. Peter Catholic Church**  
 221 First Capitol Drive, St. Charles, MO 63301 636-946-6641  
**BAPTISM REGISTRATION FORM**  
 (PLEASE PRINT or TYPE)

**CHILD'S INFORMATION**

Full Name of Child (First/Middle/Last)

Date of Birth:	Male/Female?	Preferred Baptism Month:
Place of Birth/City:	State & Zip:	Preferred Month of Baptismal Prep Class:

Home Address:

***Please attach a copy of the child's birth certificate to this form.***

**PARENT'S INFORMATION**

Father's Name:	Catholic/Non-Catholic?	
Date of Birth:	Age:	Phone:
Email:	Family Registered in St. Peter Parish Y/N?	
Mother's Name:	Maiden Name:	Catholic/Non-Catholic?
Date of Birth:	Age:	Phone:
Email:		
Married by Priest or Deacon Y/N?	Date:	Where?
Previously attended a Baptismal Class Y/N?	Date:	Where?

*If you are registered in another parish, you will need to get a letter from your pastor giving permission to have your child baptized at St. Peter Church.*

Parent's Special Requests or Questions?

**GODPARENT'S INFORMATION**

*PLEASE NOTE: Godparents/Sponsors must be 16 years of age or older, having received all Sacraments of Initiation: Baptism, Eucharist and Confirmation. At least one of the godparents must be an active and practicing Catholic registered in a parish. Only one godparent is required. If there are to be two, one must be male and the other female.*

Godfather's Name:	Age:	Registered Parish:
Baptized Y/N?		Confirmed Y/N?
Godmother's Name:	Age:	Registered Parish:
Baptized Y/N?		Confirmed Y/N?

*If godparents are not registered in St. Peter Parish, they must have a Sponsor Letter from the parish they are registered in stating that they have received the Sacraments of Initiation and are practicing Catholics.*

**CHURCH USE ONLY**

Date Class Attended:	
Minister of Sacrament:	
Date and Time of Baptism:	
Administered @Mass or Outside Mass?	