HOLY TRINITY CATHOLIC CHURCH BAPTISMAL REGISTRATION FORM

		Toda	y's Date://
818 East Bennett Street Springfield, MO 65804 Email: Trinityoffice@htscatholic.com Fel: 417-883-3440		1st S 3rd S To A	pested times for Baptism: unday of the month Sunday of the month rrange a Date: se call the parish office.
Godparents: Godparents include a godmother and a godparents include a godmother and a godparent registered in a parish other the ecommendation regarding their role as a There is the possibility of one of the godpwitness" must be baptized in his or her difference on both godparents cannot be presented.	ge, Confirmed and re an Holy Trinity is asl a godparent. parents being an act enomination. sent for the baptisma	egistered at Holy Trinity Ca ked to provide from their pa tive member of a Christian al ceremony assigned prox	tholic Church. A Catholic astor a letter of church. The "Christian ies may stand in their place.
SAPTISMAL INFORMATION - Print all	information clearly to	o help assure accurate trar	nsfer to Sacramental Registe
Full name of Child to be baptized:	FIRST	MIDDLE	LAST
Place of Birth:		Date of Birth:	20
			20
Place of Birth:City/State Father's full name: Mother's first name & Maiden name: _		_	20
Father's full name:		_	
Father's full name: Mother's first name & Maiden name: _ Parents' Mass Attendance: REGULAR_		 SELDOM NEVER	
Father's full name: Mother's first name & Maiden name: _ Parents' Mass Attendance: REGULAR Address:	OCCASIONAL	SELDOM NEVER	
Father's full name: Mother's first name & Maiden name: _ Parents' Mass Attendance: REGULAR Address:	OCCASIONAL	SELDOM NEVER Phone:	
Father's full name: Mother's first name & Maiden name: _ Parents' Mass Attendance: REGULAR Address: Parents married by a priest in the Catl	OCCASIONAL holic Church: at Holy Trinity Cat	SELDOM NEVER Phone: holic Church:	Yes/No