



ST. MALACHY CATHOLIC CHURCH
BAPTISM REGISTRATION FORM

Full Name of Person Baptized _____ M ___ F ___

Date of Birth _____

Place of Birth City _____ State _____

Father's Full Name _____

Father's Religion _____

Mother's Full Name _____

Mother's Maiden Name _____

Mother's Religion _____

Godfather _____ Parishioner at SMCC? Y or N*

Godfather's Religion _____

Proxy for Godfather (if Godfather cannot attend) _____

Godmother _____ Parishioner at SMCC? Y or N*

Godmother's Religion _____

Proxy for Godmother (if Godmother cannot attend) _____

*If Godparents are not St. Malachy parishioners, they will need to provide a letter of good standing from their church.

Due to space limitations, please secure your date with the church before your family makes travel arrangements.
Requested date of Baptism: 1st choice _____ 2nd choice _____

Parent's Address _____

Parent's Phone Number _____

Parent's Email Address _____

Location & Date of Baptismal Preparation Class _____

Additional Information _____

Suggested Sacramental Offering \$50 (\$25 candles, bibs, books, certificates/\$25 minister)

Please return Baptism Registration Form and Godparents Letter of Good Standing to the Parish Office two weeks prior to scheduled baptism.
St. Malachy Catholic Church
9833 E. County Rd. 750 N.,
Brownsburg, IN 46112
317-852-3195

Office Use Only:
Parishioner _____ Prep Class _____
Scheduled _____
Letters of Good Standing: Parents _____
Godparent _____
Officiate Notified _____ Arts & Environment Notified _____
Certificates Made: Participant _____
Minister of Baptism _____
PDS _____
Sacramental Volume # _____ Page# _____ Entry# _____