

Baptismal date _____ Presider _____

ST. BRIDGET PARISH

BAPTISMAL REGISTRATION FORM

4900 N.E. 50th Street Seattle WA. 98105 Tyra Elliott: e-mail
tyra@stbridgetchurch.org (206) 523-9760

FAMILY NAME _____

Names of Child _____

Date of Birth _____

City of Birth _____

Father's Name _____ Religion _____

Mother's Name and maiden name _____

Religion _____ Registered at St. Bridget _____

Home Address _____

Phone Number _____

E-mail address _____

Godmother's Name _____

Parish _____ Religion _____

Confirmed ____ yes ____ no / Parish _____

Godfather's Name _____

Parish _____ Religion _____

Confirmed ____ yes ____ no / Parish _____

Baptismal class date _____ Baptismal class date _____ Baptismal class date _____
Godmother Godfather Parents

[Type text]