

St. Jude the Apostle
9150 Highland Road, Baton Rouge, LA 70810,
Phone: (225) 766-2431, Fax: (225) 766-0722

Baptism Registration

Certificate
Bulletin
Baptismal Register

Date: _____
Parish ID: _____

Date of Baptism: ____/____/____ Time: ____ 12:45 Place: Church
Fr. Trey Fr. Mike Deacon James Deacon Curt Deacon Frank

Child's Name: _____
Date of Birth: _____ Place: _____
Parent's Address: _____

Father's Name: (Print)

Mother's Name: (Print)

(First)	(Middle)	(Last)	(First)	(Middle)	(Maiden)
Cell #:	_____	_____	Cell #:	_____	_____
Religion:	_____	_____	Religion:	_____	_____
Practicing:	_____	_____	Practicing:	_____	_____
Seminar:	Exempt	Will Attend	Seminar:	Exempt	Will Attend
Date:	____/____/____	_____	Time:	_____	Place: _____

Married by a Catholic Priest?: Yes No

Godfather's Name:

Godmother's Name:

(First)	(Middle)	(Last)	(First)	(Middle)	(Last)
Catholic?:	_____	_____	Catholic?:	_____	_____
Confirmed?:	Yes	No	Confirmed?:	Yes	No
Practicing:	Yes	No	Practicing:	Yes	No
Married by a Catholic priest?:	Yes	No	Married by a Catholic priest?:	Yes	No
Seminar:	Exempt	Will Attend	Seminar:	Exempt	Will Attend
Date:	____/____/____	_____	Date:	____/____/____	_____
Permission Letter:	Yes	No	Permission Letter:	Yes	No

Remarks: _____