

Please attach a **copy, not the original**, of your child's birth certificate to this registration form.

SAINT ANN CATHOLIC CHURCH  
310 North Olive Avenue  
West Palm Beach, FL 33401  
Religious Education Office  
religious.education@sacwb.org

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### **BAPTISM REGISTRATION**

Please fill out this registration completely! **Per Parish Policy**, date for Baptism (and Baptism class) is **not** scheduled until all paperwork submitted. Once **all** paperwork has been submitted, there is at least a **one month waiting period** to allow all information to be processed. It is the responsibility of the **parents** to follow up with the Religious Education department. To avoid confusion, please do not tell Godparents (etc.) to make travel arrangements until after the church has given you an official date, thank you!

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City and State of Birth \_\_\_\_\_

Father's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Religion \_\_\_\_\_ City & State of Birth \_\_\_\_\_  
Preferred E-Mail \_\_\_\_\_  
Mother's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Mother's **Maiden Name** \_\_\_\_\_ Religion \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City & State of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
If married, were you married by a Catholic Priest? \_\_\_\_ No \_\_\_\_ Yes  
**Preferred E-Mail** \_\_\_\_\_  
**Registered at St. Ann Parish?** \_\_\_\_ No \_\_\_\_ Yes **(You must be a registered member to schedule Baptism)**

**Please note that one Godparent MUST be a practicing Catholic, MUST attend Baptism Preparation Class, with documentation, and MUST provide a Sponsor Certificate or Letter from the church they attend, if other than St. Ann Parish.**

Godfather's First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Religion \_\_\_\_\_  
Godmother's First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Religion \_\_\_\_\_

**For Office Use Only:**

Date Baptism Preparation Class completed, Parents-\_\_\_\_/\_\_\_\_/\_\_\_\_ Godparents-\_\_\_\_/\_\_\_\_/\_\_\_\_  
If not Saint Ann member, Godparent#1 Certificate received \_\_\_\_/\_\_\_\_/\_\_\_\_ Godparent#2 Certificate received \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Priest \_\_\_\_\_