

St. John of God Parish Baptism Form
996 Brayton Avenue
Somerset, MA 02726
508-678-5513

Name of child _____ Date _____

Child's Date of Birth _____ Place Of Birth _____

Is this your 1st 2nd 3rd 4th Child

Father's Full Name _____ Religion _____

Address City State & zip code Phone Number _____

Mother's Full Name _____ Religion _____

Address City State & zip code Phone Number _____

Place of Marriage _____

Date of Sacramental Marriage _____ Date Of Civil Marriage _____

Are you Registered parishioners at St. John of God Parish? Yes No

Godfather's Full Name _____

God mother's Full Name _____

Is the God father Catholic: Yes No Religion _____

Is the Godmother Catholic: Yes No Religion _____

***Before scheduling a baptism we will need Sponsor Forms for the Godparents**

Baptismal prep class completed & a Copy of the Birth abstract*

Office use Only: Date Baptism Preparation class Completed _____