## BAPTISM REGISTRATION FORM ST. PIUS X PARISH

## Please Print Legibly

Family Last Name				
Name of Child to be Baptized:First			Middle	
Date of Birth		Place of	Birth	
Father's Namefirst	middle	last	Religion	
Mother's Name	middle	maiden	Religion	
Address			City	
State	Zip			
Phone (primary)			Phone (secondary)	
E-Mail Address(es)				
Married at:				
Date of Marriage:		by who	n:	
Are you registered at St.	Pius X?			
Godfather	middle	last	Religion	Church
Godmother	middle	last	Religion	Church
Scheduled Date for Bapt	ism Preparatior	n Class for Pare	ents*	
Do you wish the Baptisn	n of your child	to be in the Par	rish Bulletin? Yes	No
Scheduling: One month prior to the	e desired date:	Parents must ca	all the Parish Office at	402-558-8446 to schedule.
1 <sup>st</sup> weekend of	f the month:	5:30 pm Ma	ass on Saturday and	y (except during Lent): 9:30 am Mass on Sunday 11:30 Mass on Sunday
Requested Date for Bapt	ism			
*Baptismal Preparation for	Parents is requir	red before the ba	aptism of your first child.	