



St. Michael Baptism Class Parent Registration
2nd Sunday of each month at 2:00pm in the upper meeting room
Registration Required

Child's Father's Name: _____ Father's Religion: _____

Child's Mother's Name: _____ Mother's Religion: _____

Mother's Maiden Name: _____

Address: _____ City _____ Zip _____

Are you married? Yes ___ No ___

Are you a registered member of Saint Michael? Yes ___ No ___ If No, where are you registered?

Name _____ Location _____

Child's date of birth: _____ or Expected delivery date: _____

Phone number(s):

Mother _____

Father _____

E-mail address(s):

Mother _____

Father _____

Class Date Requested (select one):

1/13/19 | 2/10/19 | 3/10/19 | 4/14/19 | 5/12/19 | 6/9/19 | 7/14/19 | 8/11/19 | 9/8/19 | 10/13/19 |

11/10/19 | 12/8/19

(Regarding Godparents – One MUST be a practicing Catholic and must provide a letter from their parish stating they are an active, practicing Catholic in good standing with the Church before a baptism date can be selected)

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

To register for class: please return this form by mail, email, by fax, or in person to our parish office no later than Wednesday of the class week. E-mail: knasdeo@saintmichael-cd.org Fax: 614-885-8060 Mail: St. Michael Catholic Church 5750 N. High St. Worthington, OH 43085 Attn: Baptism Class Registration

