

**Our Lady of Divine Providence Family
Baptism Registration & Sacramental Record Form**

Sandy Hornbach, Pastoral Associate
9375 Winton Road, 45231
513-728-3146 x109
sandy.hornbach@estbarts.org

CHILD'S INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth: _____ City/State of Birth: _____

Sex: Male Female

Is this your first child to receive Baptism? Yes No

FAMILY INFORMATION

At which parish are you registered? Assumption St. Bartholomew St. Bernard St. Vivian

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

FATHER: _____ Date of Birth: _____ Religion: _____

Baptism Date: _____ Church/City/State: _____

MOTHER: _____ Date of Birth: _____ Religion: _____

Baptism Date: _____ Church/City/State: _____

Mother's Maiden Name: _____

Catholic Wedding?

Date/Location of Marriage: _____ Yes No

GODPARENT INFORMATION

Godfather: _____ Parish: _____ Religion: _____

Godmother: _____ Parish: _____ Religion: _____

Proxy name (if either will be represented by a Proxy): _____

SCHEDULING PREFERENCES

Actual scheduled date/time will be confirmed by the office.

Date: _____ Day: Saturday Sunday Time: During Mass After Mass

Notes/Concerns: _____

STAFF ONLY

Date/Time of Preparation Class: _____ Location: _____

Baptism Date: _____ Time: During Mass After Mass President: _____

Records: Entered into PDS Entered into Sacramental Record Book (Volume _____ Page _____ Entry _____)