



ST. CECILIA CATHOLIC CHURCH

A LIVING SIGN OF GOD'S SAVING WORD

PRE - BAPTISMAL CLASS REGISTRATION FORM

Please neatly complete the following information below as form will be used to create certificate

Today's Date: _____ Time: _____

Requestor's Full Name: _____

Requestor's Phone # _____ Requestor's Email Address _____

Who will attend:

Father: _____ Mother: _____

Godfather: _____ Godmother: _____

Date of Class: _____ Language Requested: _____

Name of Child(ren) Baptized: _____

Name of Church to Be Baptized: _____

Note: A \$25.00 donation is requested per couple to help with the church maintenance and utilities for the classes.

FOR OFFICE USE ONLY

Donation Type: _____

Date Received/By: _____

Receipt/Confirmation #: _____

Check #: _____