



Saint John the Baptist

Catholic Church

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INFANT BAPTISM REGISTRATION

Date of Baptism: _____ Time: _____ Place: _____

Child's Full Name: _____ M / F

City / State of Birth: _____ Birth Date: _____

Father's Full Name: _____

Mother's Full Name : _____

Religion of Father: _____ Religion of Mother: _____

Address of Parents: _____

City: _____ Zip: _____ Phone: _____

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

COMMENTS: