

**St. John the Evangelist  
800 W. Baker Road  
Baytown, Texas 77521  
281-837-8180**

**Sacrament Registration Form**

Participant's Legal Name \_\_\_\_\_ Gender: \_\_\_\_\_

Participant's Birthday \_\_\_\_\_ Is Participant adopted? \_\_\_\_\_ Is adoption final? \_\_\_\_\_

Are you the legal guardian of this child? \_\_\_\_\_ (Please provide a copy of any legal documents)

Participant's home address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian (or participant) phone number (home and/or cell) \_\_\_\_\_

Participant's place of Birth \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
(As it appears on Birth Certificate or legal documents)

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
(As it appears on Birth Certificate or legal documents)

Date of Participant's Baptism \_\_\_\_\_ (Must attach Baptism Certificate)

Name and Address of Church \_\_\_\_\_

Name of Godfather \_\_\_\_\_ Religion \_\_\_\_\_

Name of Godmother \_\_\_\_\_ Religion \_\_\_\_\_

Proxy for Godparents (if needed) \_\_\_\_\_

Sacrament(s) to be received:

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Office Use Only**

Date Recorded \_\_\_\_\_ Date Certificate mailed \_\_\_\_\_ Priest/Deacon \_\_\_\_\_