



Baptismal Registration Form

Child's Name: _____

Date of Birth: ____/____/____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name (Maiden): _____ Religion: _____

Address: _____

Phone: (____) _____

Godparents: (there should be only one godfather and one godmother, at least one of them being a practicing Confirmed Catholic)

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

BAPTISMAL PREPARATION SESSION

(a preparation session with a priest or deacon is required if this is a first-born child)

Preparation: Date: ____/____/____ Done By: _____

Date of Baptism: ____/____/____ Location of Baptism: _____

Minister of Baptism: _____

Bulletin Announcement: Yes ___ No ___