

BAPTISMAL REGISTRATION FORM

CHILDS INFORMATION

CHILDS NAME: _____
(FIRST) (MIDDLE NAME) (LAST)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____ RELIGION _____
(FIRST) (MI) (LAST)

MOTHER'S NAME: _____ RELIGION _____
(FIRST) (MI) (MAIDEN)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL: _____ IS FAMILY REGISTERED HERE? _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? YES NO NOT MARRIED

IF NO, BY WHOM WERE THEY MARRIED? (J.P., MINISTER, ETC.) _____

BIRTH CERTIFICATE IF NOT MARRIED: _____ WAS CHILD PRIVATELY BAPTIZED AT THE HOSPITAL? _____

GODPARENTS INFORMATION

GODFATHER: _____ RELIGION _____
(FIRST) (MI) (LAST)

SPONSOR CERTIFICATE: _____, PARISH _____

GODMOTHER: _____ RELIGION _____
(FIRST) (MI) (LAST)

SPONSOR CERTIFICATE: _____, PARISH _____

NAME OF PROXY IF ANY: _____ RELIGION _____
(FIRST) (MI) (LAST)

BAPTISM INFORMATION

BAPTISM CLASS: _____ TIME: _____

BAPTISM DATE: _____ TIME: _____

PRIEST PREFORMING BAPTISM: _____

SENT BAPTISMAL INFORMATION _____ SENT BAPTISMAL CERTIFICATE _____