BAPTISMAL REGISTRATION FORM

CHILDS INFORMATION

CHILDS NAME:					
(FIRST)		(MIDDLE NAME)		(LAST)	
DATE OF BIRTH:		PLACE OF BIRTH:			
FATHER'S NAME:			(LAST)	RELIGION	
MOTHER'S NAME:				RELIGION	
			(MAIDEN)		
Address:					
CITY:		STA	TE:	ZIP:	
			IS FAMILY REGISTERED HERE?		
WERE PARENTS MARRIED E					
IF NO, BY WHOM WERE THE	EY MARRIED? (J.P., MINI	STER, ETC.)			
BIRTH CERTIFICATE IF NOT					
		NTS INFORMA			
GODEATHER:				_	
GODFATHER:	(FIRST)	(MI)	(LAST)	RELIGION	
SPONSOR CERTIFICATE:					
GODMOTHER:	(FIRST)	(MI)	(LAST)	RELIGION	
SPONSOR CERTIFICATE:	, Parish				
NAME OF PROXY IF ANY: _				Deve	
	(FIRST)	(MI)	(LA	RELIGION	
	BAPTIS	M INFORMATI	ON		
BAPTISM CLASS:			Time:		
BAPTISM DATE:					
PRIEST PREFORMING BAPTI					
SENT BAPTISMAL INFORMA				ICATE	