

**ALL SAINTS ROMAN CATHOLIC CHURCH  
BAPTISMAL REGISTRATION FORM**

*To be completed by parents: (Please use blue or black ink.)*

Full Name of Child \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth - City/State \_\_\_\_\_

Is Child adopted? \_\_\_\_\_ Date adoption finalized \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Maiden Name Last

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

*Note: Godparents/sponsors must be practicing Catholics and completed the sixteenth (16) year of age (CIC c.874§1). A non-Catholic baptized Christian may be chosen as a "Christian witness," providing there is also a Catholic sponsor or Godparent.*

Godmother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Godfather's Name \_\_\_\_\_ Religion \_\_\_\_\_

Christian Witness' Name \_\_\_\_\_ Religion \_\_\_\_\_

Were the parents of the child married by a Priest in the Catholic Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, have you discussed with a Priest the possibility of having your marriage validated in the Church?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered member of All Saints Roman Catholic Church Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

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*To be completed by Priest or Deacon:*

Date of Baptism \_\_\_\_\_ Celebrant \_\_\_\_\_

***Please return completed form to the Parish Office.***

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*Parish Office use only:*

Recordation: Sacramental Record Book \_\_\_\_\_ (Initial and Date) PDS \_\_\_\_\_ (Initial and Date)