Church of the Holy Angels

Data for Baptism Register

(Please print or type; do not use nicknames)

Child's Name (First/Middle/Last): _____

Date of Birth: _____ City & State of Birth: _____

Is the child adopted? _____ No _____ Yes If yes, please provide copy of adoption papers.

Father's Name (First/Middle/Last): _____

Father's Religion: _____

Mother's Name (First/Middle/Maiden/Last): _____

Mother's Religion: _____

Current Address: _____

Street City Zip Code

Home Phone Number: _____ E-mail: _____

Godfather's Name (First/Middle/Last): _____

Godfather's Religion: _____

Godmother's Name (First/Middle/Last): _____

Godmother's Religion: _____

Has the child been privately Baptized or Baptized in another Christian denomination? _____ No _____ Yes

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For Office Use Only

Baptismal Date: _____ Name of Priest/Deacon: _____

Date Recorded: _____ Record Number:_____

Date entered in PDS: _____