Cluster Parishes of Portsmouth/Chesapeake
Data For Baptism/First Eucharist/Confirmation Register
(Please print or type; do not use nicknames)

Name (First/Middle/Last): _____

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

For children under the age of 18 - 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: _____

Sponsor's Name for Confirmation (First/Middle/Last): _____
(if different from Godfather/Godmother)

For Office Use Only

Baptismal Date: _____ Name of Priest/Deacon: _____

Date Recorded: _____ Record Number:_____

Date entered in PDS: _____