

# Baptism Registration Form

Before completing this form, please make sure you have read "Some Laws of the Church Related to Baptism" and the "Guidelines for Baptism" in our parish attachments. This form must be filled out completely by the parents of the child to be baptized. Please do not leave questions unanswered. If a question does not apply, you may indicate that by writing N/A as an answer. If you do not understand or have doubts about any questions, please call the Rectory for assistance. It is important to provide complete and legal names of each person, please do not use nicknames or abbreviated names. Be aware that the Certificate of Baptism that you receive after your child is baptized is a legal document, therefore it is important to provide correct information.

Full Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ City, State of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

Mother's Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Have both of you received the sacraments? *Baptism (Catholic):* Yes \_\_\_ No \_\_\_ *Eucharist:* Yes \_\_\_ No \_\_\_ *Confirmation:* Yes \_\_\_ No \_\_\_

Are the parents **registered** members of St. Mary's Parish? Yes \_\_\_ No \_\_\_ Envelope number: \_\_\_\_\_

What parish do you attend? \_\_\_\_\_ How often do you attend mass? \_\_\_\_\_

What is your ministry at your parish? \_\_\_\_\_ Have either one of you been in a previous marriage? Yes \_\_\_ No \_\_\_

Are you married in the Catholic Church? Yes \_\_\_ No \_\_\_ Where and when? \_\_\_\_\_

Is the child to be baptized adopted? Yes \_\_\_ No \_\_\_ How many other children do you have together? \_\_\_\_\_

What sacraments do they have? *Baptism:* Yes \_\_\_ No \_\_\_ *Eucharist:* Yes \_\_\_ No \_\_\_ *Confirmation:* Yes \_\_\_ No \_\_\_

Are the sponsors you selected related to each other? Yes \_\_\_ No \_\_\_ A? \_\_\_\_\_

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Full Legal Name of First Catholic Godparent/Sponsor \_\_\_\_\_

Has he/she received the sacraments? *Baptism (Catholic):* Yes \_\_\_ No \_\_\_ *Eucharist:* Yes \_\_\_ No \_\_\_ *Confirmation:* Yes \_\_\_ No \_\_\_

Is he/she completely single, not married by any law? Yes \_\_\_ No \_\_\_ Is he/she cohabitating with his/her significant other? Yes \_\_\_ No \_\_\_

Is he/she married in the Catholic Church? Yes \_\_\_ No \_\_\_ Parish or Church of Marriage: \_\_\_\_\_

Is this person a **practicing** Catholic? Yes \_\_\_ No \_\_\_ Will he/she be present at the baptism? Yes \_\_\_ No \_\_\_

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Full Legal Name of Second Catholic Godparent/Sponsor or Christian Witness \_\_\_\_\_

If Catholic, has this person received the sacraments? *Baptism (Catholic):* Yes \_\_\_ No \_\_\_ *Eucharist:* Yes \_\_\_ No \_\_\_ *Confirmation:* Yes \_\_\_ No \_\_\_

Is he/she completely single, not married by any law? Yes \_\_\_ No \_\_\_ Is he/she cohabitating with his/her significant other? Yes \_\_\_ No \_\_\_

If not Catholic, is this person a baptized Christian? Yes \_\_\_ No \_\_\_ Name of denomination \_\_\_\_\_

Is he/she married in the Catholic Church? Yes \_\_\_ No \_\_\_ Parish or Church of Marriage: \_\_\_\_\_

Is this person a **practicing** Catholic? Yes \_\_\_ No \_\_\_ Will he/she be present at the baptism? Yes \_\_\_ No \_\_\_

## \*\*\*\*\* For Office Use Only \*\*\*\*\*

Father: Class Required \_\_\_\_\_ Excused \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Mother: Class Required \_\_\_\_\_ Excused \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Sponsor 1: Class Required \_\_\_\_\_ Excused \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Sponsor 2/C. Witness: Class Required \_\_\_\_\_ Excused \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Date to attend class: \_\_\_\_\_ Preferred date of Baptism: \_\_\_\_\_

Amt. Paid \$: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Letter of Permission: Not needed \_\_\_ / Needed \_\_\_ Submitted to Rectory \_\_\_ Date: \_\_\_\_\_ Rcv'd by: \_\_\_\_\_

Confirmed Date of Baptism: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Minister/Celebrant: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments: