

**Date Seminar Scheduled:** \_\_\_\_\_  
**Attended:** \_\_\_\_\_ Y \_\_\_\_\_ N  
**Out of Parish Fee:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_  
**BAPTISM DATE:** \_\_\_\_\_  
**CELEBRANT:** \_\_\_\_\_

**CHRIST THE KING  
REGISTRATION FOR BAPTISM**

Date of First Contact: _____		Baby to be born: _____	
Registered in CTK: _____ LSU Student _____ LSU Faculty _____ LSU Staff _____		Other Parish: _____ Letter of permission received: _____	
Name of Child: (First, Middle, Last) _____			
Date of Birth: _____	Place of Birth: _____	Relationship to Child: <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Other	
Father: (First, Middle, Last) _____			
Religion: _____		Attends: (Name of Church) _____	
Mother: (First, Middle, Maiden) _____			
Religion: _____		Attends: (Name of Church) _____	
Current Marital Status _____		Were parents married by a priest? _____ Not married? _____	
Address of Parent(s): _____		_____	
Email Address: _____		_____	
Home phone: _____		_____	
Work phones: _____		Father: _____ Mother _____	
Cell phones: _____		Father: _____ Mother _____	
Godfather's Name: _____		Phone: (h) _____	
_____		(w) _____	
_____		(c) _____	
Confirmed, practicing Catholic _____		Other religion: _____	
Church Attending: _____			
Godmother's Name: _____		Phone: (h) _____	
_____		(w) _____	
_____		(c) _____	
Confirmed, practicing Catholic _____		Other religion: _____	
Church Attending: _____			
Will either be represented by a proxy? If so, name: _____		_____	

