

DATA FOR BAPTISM REGISTER
Before Baptism, please fill out this form.

Date: _____ Church of Baptism: _____ Parishioners? _____

Name of Child: _____ Sex: M F

Address: _____

Phone Number: _____

Date of Birth: _____

Place of Birth: _____

Date and Time of Baptism: _____

Baptism Class/Home Study: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

In What Church were Parents married? _____ Date: _____

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

Does a Proxy represent either Godparent? _____

Was the Child previously baptized? _____

Was the Child adopted? _____

Remarks: _____

Name of Celebrant: _____

N.B. – This is NOT a Baptism Certificate.

____ Certificate
____ Recorded