

BAPTISM REGISTRATION FORM

Please fill out and return as soon as possible

Name of the child: _____

Address: _____
Street City/State Zip

Phone Number: _____
Home Work

Date of Birth: _____
City/State

Is your child adopted? NO / YES

Father's Name: _____

Marital Status: _____

Religion of Father: _____

If not Catholic, are you interested in learning more about the Catholic Faith? _____

Mother's Name: _____

Mother's Maiden Name: _____

Marital Status: _____

Religion of Mother: _____

If not Catholic, are you interested in learning more about the Catholic Faith? _____

In what church were the Parents married? _____

If your marriage is not recognized by the Catholic Church have you considered having your marriage validated? Yes / No / Need more information

GODPARENTS INFORMATION: At least one Godparent must be a Confirmed Catholic. The other must be a baptized Christian.

Godfather's Name: _____

Is he Catholic? _____ Is he Confirmed? _____

Godmother's Name: _____

Is she Catholic? _____ Is she Confirmed? _____

To be filled out by the office:

DATE OF BAPTISM: _____

OFFICATED BY : _____

Was either Godparent represented by a Proxy: _____