

BAPTISMAL REGISTRATION FORM

DATE OF BAPTISM: _____ TIME: _____ CELEBRANT _____

CHILD'S FULL NAME _____
(As it appears on birth certificate)

DATE OF BIRTH _____ BIRTH PLACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ (home) _____ (work) _____

FATHER'S FULL NAME _____

RELIGION _____ ACTIVE? _____
REGISTERED _____

MOTHER'S FULL NAME (MAIDEN) _____

RELIGION _____ ACTIVE? _____
REGISTERED? _____

PARENT'S MARITAL STATUS _____ MARRIED BY PRIEST _____

PRIMARY GODPARENT'S NAME (S): (2 ONLY)

1. _____ RELIGION _____

2. _____ RELIGION _____

Other Godparents:

BAPTISM CLASSES: Are they needed? _____ If so, when? _____

NOTE: Please attach a copy of your child's birth certificate.

Suggested Donation: \$50