



BAPTISM

BAPTISMAL REGISTRATION FORM

HOLY FAMILY PARISH

Please print the following information clearly AND Attach a copy of child's birth Certificate. Suggested Donation \$50.

All information is confidential and recorded in Holy Family Registry

Baptisms are celebrated once a month at 11:00 am during the Sunday Mass Please arrive early to check in.

Today's Date _____

Child's Full Name _____

Date of Birth _____ Age _____ Boy ___ Girl ___

City & State of Birth _____

Father's Full Name _____

Father's Religion _____

Mother's Full Name (*maiden*) _____

Mother's Religion _____

Is this your first child to be baptized? Yes No

Were parents married in the Catholic Church? Yes No

Is the family registered at Holy Family? Yes No

Parent's Street Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

Proxy's Name (if any) _____

FOR OFFICE USE ONLY.

Date of Baptism: _____

Date of Classes: _____

Celebrant: _____ Emergency: _____

Notes: _____

Donation: _____ Certificate Sent _____ Recorded _____



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