



Registration for Baptism

Name of the Child:

Address: _____

Phone: _____

City, State: _____

Zip Code: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Maiden Name: _____

Are Parents married? _____

By a Catholic Priest? _____

If applicable, who does child live with?

Godmother: _____

Religion: _____

Godfather: _____

Religion: _____

Has the child been privately baptized? _____ If yes, complete below:

Where: _____ When: _____

By whom: _____

Is this your first child?

Date of Baptism Information Night Attended: _____

Date of Baptism: _____ Priest or Deacon: _____

Office use only: (Please circle) Registered, ID # Yes or No, #: _____

Recorded in sacramental book Yes or No

Updated on computer Yes or No

Baptismal certificate mailed Yes or No