



BAPTISMAL REGISTRATION FORM

Child to be baptized full name: _____

Date of Birth: _____ City & State of Birth: _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Mother's Religion: _____

Address of Child/Family

Street: _____

City: _____ State: _____

Phone No. _____ Email: _____

Person to Contact to finalize date and time: _____

Date wanted for Baptism: _____

(The time will be worked out with the Family and the Priest)

Godparent's Name: _____ Religion: _____

Godparent's Name: _____ Religion: _____

Parents are married: ___ Yes ___ No

If Married where? _____ Church ___ Yes ___ No

Will both Godparent's be there: ____ Yes ____ No There will be a Proxy: ____