



Registration for Baptism

Name of the Child: _____

Address: _____ Please circle: Male or Female

City, State: _____ Zip Code _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____ Religion: _____

Cell: _____ Landline: _____

Email: _____

Mother's Name: _____ Religion: _____

Cell: _____ Landline: _____ E-mail: _____

Maiden Name: _____

Are Parents married? _____

Please circle: Catholic Marriage or Civil Marriage or Not Married

If applicable, who lives with the child? (Please Check): Mother _____ Father _____ Both _____

Godmother: _____

Godfather: _____

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

Where: _____ When: _____ By whom: _____

Is this child? (Please Check): First Child: _____ Second Child: _____ Third Child: _____

Date of Baptismal class attended: _____

Date of Baptism: _____ Baptized by: _____

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