

## BAPTISM REGISTRATION FORM

COPY OF BIRTH CERTIFICATE ATTACHED \_\_\_\_\_

DATE BAPTISM CLASS TAKEN \_\_\_\_\_

Name of Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/State of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Religion of Father: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_

Parents Married by a Priest:            YES                            NO

Godfather's Name: \_\_\_\_\_

Is Godfather Catholic:            YES                            NO

Godmother Name: \_\_\_\_\_

Is Godmother Catholic            YES                            NO

Godparent Proxy:            Godfather                            Godmother

Name of Proxy(s): \_\_\_\_\_

Was the child baptized privately?    YES                            NO

Was the child adopted?            YES                            NO

CELEBRANT: \_\_\_\_\_

**PLEASE SCAN THE COMPLETED FORM/CERTIFICATE TO: [BAPTISMS@SPCCNB.ORG](mailto:BAPTISMS@SPCCNB.ORG) OR  
CAN BE GIVEN TO THE CHURCH OFFICE.**