

# BAPTISM REGISTRATION FORM

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

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

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

Phone Number: \_\_\_\_\_

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

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

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

Father's Religion: \_\_\_\_\_

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

Mother's Religion: \_\_\_\_\_

Parents Married by a Priest:                      YES                      NO

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

Is Godfather Catholic:                      YES                      NO

    \*\*If "Yes", please attach letter of verification from their church for proof of good standing

Godmother's Name: \_\_\_\_\_

Is Godmother Catholic:                      YES                      NO

    \*\*If "Yes", please attach letter of verification from their church for proof of good standing

Godparent Proxy:                      Godmother                      Godfather

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

Was the child baptized privately?                      YES                      NO

Was the child adopted? YES                      NO

An appointment with the Priest or Deacon \_\_\_\_\_

Appointment with Priest/Deacon was confirmed this date \_\_\_\_\_ By \_\_\_\_\_

***For Office Use Only:***

Class Date: \_\_\_\_\_ Instructors Signature: \_\_\_\_\_

Birth Certificate must be attached to this form: \_\_\_\_\_