



BAPTISM REGISTRATION -- (PLEASE PRINT)

FULL NAME OF CHILD _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____

WHERE (CITY/STATE) _____

FATHER'S NAME _____

RELIGION OF FATHER _____

MOTHER'S NAME (INCLUDING MAIDEN NAME) _____

RELIGION OF MOTHER _____

WERE PARENTS MARRIED BY CATHOLIC PRIEST? _____ YES _ NO

IF NO, THEN BY WHOM WERE PARENTS MARRIED? _____

IF NO OR UNMARRIED WOULD PARENTS BE INTERESTED IN SPEAKING TO PRIEST? _____

GODFATHER _____

IS GODFATHER A CATHOLIC? _____

GODMOTHER _____

IS GODMOTHER A CATHOLIC? _____

IS EITHER GODPARENT REPRESENTED BY PROXY? _____

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*(Office Use Only)*

DATE OF BAPTISMAL CLASS \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ NAME OF PRIEST OR DEACON \_\_\_\_\_

GODPARENT FORMS RECEIVED \_\_\_\_\_ SACRAMENTAL FEE RECEIVED \_\_\_\_\_