

# BAPTISM REGISTRATION FORM

Name of child being baptized:

Male  Female

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_

Is the child adopted?  Yes  No

Did the child receive emergency/private baptism?  Yes  No

*\*Please turn in a copy of the birth certificate or adoption records as soon as possible*

## FATHER

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

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

Religion: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

## MOTHER

Maiden Name: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

**Marital Status:**  Married \_\_\_\_\_ Years  Divorced  Separated  Single  Engaged  
Married by a Catholic Priest/Deacon?  Yes  No If no, has the Church recognized your marriage?  Yes  No

*Please read "How to Choose Godparents" before filling out the next portion.*

## GODFATHER

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

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

*godparent must be Catholic*

Parish: \_\_\_\_\_

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

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

Proxy (if needed) \_\_\_\_\_

## GODMOTHER

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

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

*godparent must be Catholic*

Parish: \_\_\_\_\_

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

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

Proxy (if needed) \_\_\_\_\_

## For Office Use

Birth Certificate: \_\_\_\_\_ Consecration Meeting Date: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Parent Class Date: \_\_\_\_\_ Location: \_\_\_\_\_

Godparent Class Date: \_\_\_\_\_ Location: \_\_\_\_\_ Godparent Form: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Name of Baptizing Priest/Deacon: \_\_\_\_\_

