

REGISTRATION FOR BAPTISM Date: _____

Time: _____

Child's Name: _____ M/F

Date of Birth: _____ Date of Baptism: _____

Place of Birth: city _____ state _____

Father: _____

Mother: _____ Maiden: _____

Address: _____

Phone: _____

Father's Religion: _____ Mother's Religion: _____

Marital Status: Married in Catholic Church
 Married outside of Church Single

Church of Marriage: _____
City _____

GODPARENTS: At least one of the godparents must be confirmed; at least 16 yrs. old; a practicing Catholic and if married, in a valid marriage approved by the Church.

Godfather: _____ religion: _____

Godmother: _____ religion: _____

Will either godparent be represented by a Proxy? Yes No

Name of Proxy: _____

Was the child privately baptized? Yes No

Was the child adopted? Yes No

Have the parents attended a Baptism Prep class within the last 5 yrs?
Yes No

Church & city where class was taken: _____

Comp. <input type="checkbox"/> Card File <input type="checkbox"/> ASA <input type="checkbox"/> Bulletin <input type="checkbox"/> Bapt. Register <input type="checkbox"/> Cert. Mailed <input type="checkbox"/>
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Signature of Priest or Deacon: _____