

BAPTISM REGISTRATION FORM

Family Name: _____

Address: _____ Postal Code: _____

Email Address: _____ Home Phone/Cell: _____

Father's work phone: _____ Mother's work phone: _____

**PLEASE COMPLETE THE FOLLOWING INFORMATION CAREFULLY AS THIS INFORMATION WILL
APPEAR ON YOUR CHILD'S BAPTISMAL CERTIFICATE. PLEASE PRINT ONLY.**

Child's full name: _____
(Surname) *(First Name)* *(Middle Name)*

Date of Birth: Year _____ Month _____ Day _____

Place of Birth: (City) _____ Country: _____

Father's Full Name: _____

Mother's First and Maiden Name: _____

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

Name of parish where you normally worship: _____

Were you married in the Roman Catholic Church? YES NO

Were you married in another Christian church? YES NO

Name of church / place where you were married: _____

Were you married in a civil ceremony? _____

Name of Godfather: _____ Religion: _____

Name of Godmother: _____ Religion: _____

(ONE CHRISTIAN WITNESS ONLY IF LACKING ONE CATHOLIC GODPARENT AND MUST BE BAPTIZED IN ANOTHER CHRISTIAN DENOMINATION)

Name of Christian Witness: _____ Religion: _____

- PARISH USE ONLY -

Date form received: _____ Date of first contact: _____

Date of Baptism Class: _____ Date of Baptism: _____

Donation Rcvd. Amount: _____