

# **REGISTRATION FOR THE SACRAMENT OF BAPTISM**

## **PLEASE PRINT**

NAME OF PARISH AND DATE YOU ATTENDED BAPTISM CLASSES?: \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ *Male* \_\_\_\_\_ *Female* \_\_\_\_\_  
*LAST FIRST MIDDLE*

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

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
*LAST FIRST*

MOTHER'S MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
*LAST FIRST*

ADDRESS OF PARENTS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

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

NAMES OF GODPARENTS (1) \_\_\_\_\_ (Catholic) \_\_\_\_\_

(one male & one female)

I Godparent needs to be (2) \_\_\_\_\_ (Catholic or other baptized Christian)

\_\_\_\_\_ Catholic

NAME OR NAMES OF PROXY \_\_\_\_\_

ARE YOU REGISTERED IN THIS PARISH? \_\_\_\_\_ YES \_\_\_\_\_ NO

WERE YOU MARRIED IN THE CATHOLIC CHURCH? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF BAPTISM \_\_\_\_\_ During or After 5pm Mass: \_\_\_\_\_ During or after 8:30am Mass; \_\_\_\_\_ During or After 11am Mass

RESERVD PEW during Mass? \_\_\_\_\_ Yes \_\_\_\_\_ No

Help take up Gifts during Mass? \_\_\_\_\_ Yes \_\_\_\_\_ No

NAME OF PRIEST OR DEACON: \_\_\_\_\_

## **Office Use Only**

Certificate \_\_\_\_\_ Baptismal Rock Ordered \_\_\_\_\_

Entered in: Baptismal Register \_\_\_\_\_ Spreadsheet for Archdiocese \_\_\_\_\_

PDS \_\_\_\_\_ Bulletin \_\_\_\_\_

*Queen of Peace Catholic Church  
4227 Lone Oak Road SE, Salem, Oregon 97302; (503) 364-7202*