

## Baptism Registration Form

Please complete this form and return it to the church office (either in person or via email to [baptism@stcatherinesiena.org](mailto:baptism@stcatherinesiena.org)) along with your Godparent Letters (one for each Godparent) no later than two weeks prior to the actual baptism. Please PRINT clearly and use FULL Christian names (not nicknames) when completing this form.

### Child's Information:

Child's First Middle Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's City of Birth: \_\_\_\_\_

Male                  Female                  Is this your first child to be baptized?                  Yes                  No

Group Baptism Date Requested: \_\_\_\_\_ at 12:30 pm

### Father's Information:

Father's First Middle Last Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

### Mother's Information:

Mother's First Middle Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were parents married by a Catholic priest?                  Yes                  No

How long have you been members at St. Catherine's? \_\_\_\_\_

### Godparents/Christian Witness Information

*Qualifications of Baptismal Sponsors: Code of Canon Law #874. See attached information sheet: Preparation for Baptism.*

First Middle Last Name: \_\_\_\_\_

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

First Middle Last Name: \_\_\_\_\_

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

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*For Office Use Only*

Registration Returned: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Presider: \_\_\_\_\_ Time of Baptism: \_\_\_\_\_

Baptism Preparation Class (required if 1<sup>st</sup> child baptized):                  Yes                  No

Date of Baptism Preparation Class (if required): \_\_\_\_\_

Godmother letter provided: \_\_\_\_\_ Godfather letter provided: \_\_\_\_\_