



# Baptismal Registration

*Please provide a State certified Birth Certificate with this completed form.*

**Names of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's Religion:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Religion:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

**Parish where parents are registered at:** \_\_\_\_\_

**Were Parents married by a Catholic Priest?** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Is this a private Baptism?** \_\_\_\_\_ **Place of Baptism:** \_\_\_\_\_

**Was the Child adopted?** \_\_\_\_\_

**Godfather's Name:** \_\_\_\_\_ **Godfather's Religion:** \_\_\_\_\_

**Godmother's Name:** \_\_\_\_\_ **Godmother's Religion:** \_\_\_\_\_

**Godfather's Contact Phone:** \_\_\_\_\_ **Godmother's Contact Phone:** \_\_\_\_\_

**Will either godparents be represented by proxy?** \_\_\_\_\_ **if yes, which?** \_\_\_\_\_

**Name of proxy:** \_\_\_\_\_ **Contact phone:** \_\_\_\_\_

## **FOR PARISH USE ONLY**

**Date of Baptism:** \_\_\_\_\_ **Birth Certificate Received:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_ **Name of Priest:** \_\_\_\_\_

**Attended Baptismal Preparation?** \_\_\_\_\_ **Date of Class:** \_\_\_\_\_