

BAPTISMAL REGISTRATION FORM

Name of Child _____

Date of Birth _____ City of Birth _____

Parents & Baby's Residence _____

Father's Full Name _____ Religion _____

Mother Full Name (Maiden) _____ Religion _____

Date of Baptism _____

Godfather's Name _____

Godmother's Name _____

Name of Priest/Deacon Presiding at the Baptism _____

Were the Parents Married by a Priest/Deacon? _____

Is either Godparent Represented by Proxy? _____

Name of Proxy(s) _____

Was the Child Adopted? _____ Privately Baptized? _____

Date & Place of Pre-Baptism Class _____

Parents Phone Number(s) _____

Parents E-Mail Address _____

Place Of Marriage _____

Date Of Marriage _____

Name Of Parish You Are Registered At _____

Remarks _____